Family Therapy Supervisors' Sexual Attraction Towards Supervisees

A Thesis
Submitted to the
Faculty of
Drexel University
by
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in partial fulfillment of the
requirements for the degree
Doctor of Philosophy
June, 2015

DEDICATIONS

I would like to dedicate this dissertation study to my grandmother, Hortencia Aurilia Cordenonsi, I am living her dream to pursue a higher education. This is for you, “Vo.”

Acknowledgements

I would like to express my deep appreciation and gratitude to my parents, who believed in me even when I did not want to finish high school. I am also thankful to my chair, Eric Johnson, for his laid back style. I am truly fortunate to have such invested committee members, who supported and led me throughout this dissertation process. I would like to thank each one of my committee members. First and foremost, Dr. Maureen Davey for your generosity, hard work and thoughtful insights. I appreciate how much time and effort you put in to ensure that I would not only finish this dissertation, but also that I would be successful in doing so. Dr. Guy Diamond, for being my "cheerleader"; you made sure that I worked hard to recruit my sample, and helped me with resources to aid in a difficult dissertation process. Dr. Harry Aponte, for your wisdom and insight; you were always there for me every step of the way. Dr. Steven Harris, for being so optimistic and bring excitation to this study; your enthusiasm kept me going many times when I was thinking about giving up. Further, I would like to recognize Dr. Stephanie Brooks and Rhonda Wittlin, for all of the support that you offered me throughout my years at Drexel. I would also like to recognize Dr. Joanna Herres for helping me not to become discouraged about statistical analysis.

Finally, I would be remiss if I did not acknowledge the innumerable sacrifices made by my fiancé, Dr. Bruce Bell, in shouldering far more than his fair share to help me with this dissertation and my degree. He always brings out the best in me and undoubtedly made this dissertation better.

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Abstract

Family Therapists Supervisors' Sexual Attraction Towards Supervisees

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Using sexual scripts theory, this web-based quantitative cross-sectional survey research study was designed to examine the associations among supervisors' sexual scripts, comfort, training, and supervisors' management of sexual attraction towards supervisees in a sample of 174 marriage and family therapy supervisors. Approximately half of the participants were females (54%) and most participants identified themselves as heterosexual (88.5%), White (78.7%) and Christian (55.7%). The participants' ages were distributed as follows: 19% were less than 39 years old; 21.8% were between 40 and 49 years old; 23% were between 50 and 59; 25.9% were between 60 and 69 years old, 6.3% were older than 70 years old; 7 participants did not identify their age in the survey. Approximately 60% identified their theoretical style of supervision as "integrative", approximately 20% reported their style as post-modern, and approximately 5% each identified their styles as Bowenian, Structural, Strategic, or Contextual. The experience of the participants (in years) as clinical supervisors was as follows: 35.6% had less than 10 years experience; 41.4% had between 11 and 21 years experience; 15.5% had 22 to 30 years experience; 6.3% had more than 31 years of clinical experience; and 2 participants did not complete this part of the survey. Finally, the self-reported sexual scripts of participants were as follows: 59.2% reported being liberal; 24.7% reported being traditional; 10.9% reported being conservative or religious; and 9 participants did not complete this part of the survey.

Participants completed one survey for this study. The survey included questions about supervisors' demographic information, sexual scripts (values), and experiences

with sexual attraction in supervision. Survey questions were designed to explore supervisors' levels of comfort with sexual attraction, the role of "self of the therapist" training in increasing supervisors' awareness of their own sexual scripts, and abilities to make sound clinical decisions. The survey also examined how supervisors' awareness of socio-cultural messages (cultural sexual scripts) influence their comfort (i.e., less emotional reactivity) with being sexually attracted to supervisees; and the resources (e.g., training, codes of ethics, or supervision) that have helped supervisors manage sexual attraction to supervisees.

The results of the study demonstrated poor reliability of measure and very weak associations among supervisors' sexual scripts, comfort, training and management of sexual attraction towards supervisees. The psychometrics of this study was not sound. Furthermore, in order to determine whether supervisors' sexual scripts, comfort, or training were directly associated with their management of sexual attraction towards supervisees, the variables which had the highest correlations with five management parameters were analyzed in linear regression models. Nevertheless, the results produced very low r-squared values (ranging from .07 to .057), indicating little, if any, explanation of the variance in the management parameters. As a result, linear regression models could not be used to predict how supervisors manage their sexual attraction towards supervisees. In future studies, other variables may be explored in lieu of or in combination with the variables addressed in this study to improve the predictability of management through regression models with a reliable valid survey and a representative sample (probability) of AAMFT approved supervisors.

CHAPTER ONE: SOCIOLOGICAL IMPORTANCE OF THE ISSUE

Although sexual attraction in therapy is a common phenomenon among professional family therapists, and 100% of male therapists and 73% of female family therapists have reported that they have been attracted to clients at least once, in an earlier study, almost half of professional family therapists (43%) have reported that they did not receive coverage on this topic during their training (Nickel, Hecker, Ray, & Bercik 1995). Moreover, in a study of family therapy students, 46% of the students who have felt attracted to a client reported that they would not disclose their feelings to their supervisors (Harris, 2001). These percentages are similar to studies reported in other fields (Pope, 2000).

The hesitation of supervisees to discuss their sexual attraction to clients with supervisors may be the result of the stigmatized views on sexual attraction between therapists and their clients within the mental health field. Accordingly, many studies in the mental health field regarding sexual attraction have focused on: (1) prevalence; (2) boundary crossing and violations; (3) ethical concerns, such as dual relationships; (3) harm to the client; and (4) prevention (Pope, 2000).

Subgroup of Interest

Most of previous studies regarding sexual attraction have focused almost exclusively on the experience of therapists (Bernsen, Tabachnick, & Pope, 1994; Giovazolias & Davis, 2001; Paxton, Lovett, & Riggs, 2001; Pope, Keith-Spiegel, & Tabachnick, 1986). Therapists, in theory, are supposed to learn the art of therapy from their clinical supervisors (Gentry, 1986). As a result of the lack of discussion about sexual attraction in the field of marriage and family therapy, supervisors may not fully

understand how to navigate sexual attraction in the supervisory dyad. Not surprisingly, a review of the literature in the mental health field revealed that the prevalence of supervisors who are comfortable with their sexual attraction towards supervisees is unclear.

Relevance to the field

As a result of socialization, individuals internalize messages from several social institutions regarding sexuality (Simon & Gagnon, 1984). The combination of these messages facilitates the construction of sexual scripts. Sexual scripts refer to the meanings that individuals attribute to sexual conduct (Simon & Gagnon, 1986). Sexual scripts influence individuals' beliefs, attitudes, and behaviors regarding sexuality.

Likewise, supervisors and therapists are not immune to the internalized messages that they received about sexuality throughout their development. Messages about sexuality are often highly associated with one's culture. Thus, supervisors and supervisees may come from different "cultures" in terms of their ages, races, genders, sexual orientations, and cohort effects. In terms of cohort effect, an important event in history that has influenced a group of individual's sexual scripts is the sexual revolution in the 1960's (for a review see Alexander, & Fisher, 2003). As a result of the sexual revolution in the 1960's, the mental health field has adopted similar views of societal norms in terms of what is considered politically correct. In the politically correct era, many supervisors may feel uncomfortable with issues of sexuality for fear of retaliation for being politically incorrect. Due to the highly sensitive nature of the topic of sexuality, many supervisors may chose to be silent for fear of offending or even being perceived as harassing supervisees.

It is important for supervisors to be aware of the potential that their own sexual scripts influence their comfort with issues of sexuality (cohort effect). Unlike other professions, "therapy is a personal encounter with a professional framework (Aponte, 1994, p.6)." Consequently, the factors that supervisors consider (i.e., training, comfort, culture, etc.) in order to manage sexual attraction in supervision is important to our understanding of this phenomenon and its impact in supervision.

Purpose of the Study

The purpose of this study was to address the gaps in the literature regarding sexual attraction in supervision. There was a lack of research available regarding sexual attraction in supervision that includes the role of culture (sexual scripts). This study aimed to learn, from supervisors, the following: (1) the role that "self of the therapist" training has on increasing the supervisors' awareness of their cultural sexual scripts, their comfort with their own sexual attraction towards supervisees, and their ability to make sound clinical decisions; (2) how supervisors' awareness of their own social group messages (cultural sexual scripts) influence their comfort with being sexually attracted to supervisees; and (3) the resources (i.e., training, code of ethics, or supervision) which have helped supervisors manage their sexual attraction to supervisees.

CHAPTER TWO: REVIEW OF THE LITARATURE

The review of the literature is divided in three major parts: (I) history of sexual attraction in the mental health field; (II) Phenomenon of sexual attraction in therapy and supervision across mental health fields; and (III) and sexual scripts.

Part I: The history of sexual attraction in the mental health field

This part of the literature review addresses the history of sexual attraction in the mental field and its contribution to our understanding of sexual attraction in therapy and supervision across disciplines (i.e., psychiatry, psychology, counseling, social work and family therapy). The history of sexual attraction in the mental health field can be divided in four waves: (1) awareness of sexual feelings in therapy; (2) development of a profile for therapists who are at risk of crossing sexual boundaries; (3) development of boundaries; and (4) normalizing sexual attraction in therapy.

First Wave

Late 1960's and 1970's (Awareness of Sexual Feelings in Therapy)

In response to the sexual revolution in the late 1960's and early 1970's,pressure was exerted on the fields of psychology and counseling to articulate and provide more specific guidelines regarding therapists' roles. As these fields were also shifting from a psychoanalytic orientation to embrace a humanistic approach, there were also increasing concerns of local and national psychotherapeutic associations regarding sexual contact between therapists and patients (Pope, 2000). In addition, professional insurance carriers for psychiatrists and psychologists were unwilling to assume liability for malpractice suits involving sexual contact between therapists and patients (Pope, 2000).

During this time, Masters and Johnson (1966) conducted a study about sexual behavior, and were surprised to determine that some of the participants in their study had previously been sexually involved with their therapists. After such sexual involvement with their therapists, the participants' responses were comparable with the responses of victims of rape, incest and abuse. Masters and Johnson declared that therapists who engage in sexual intimacy with clients abuse their power, and should be prosecuted as rapists (Pope, 2000).

In order to document mental health practitioners' attitudes and behaviors with respect to sexual contact and non-sexual contact in therapy, Kardner and Mensh (1973), Perry (1976), and Holroyd and Brodsky (1977) conducted survey studies to explore mental health practitioners' thoughts and attitudes regarding "erotic" and "non-erotic" contact in therapy. Results of these studies indicated that the majority of mental health professionals (87%, 77%, and 96%, respectively) did not approve of erotic contact with clients. Nevertheless, a small percentage of the mental health practitioners had engaged in erotic contact, including intercourse, with their clients (Davidson, 1977). The rates of engagement in erotic contact and intercourse with clients were substantially higher for male therapists than for female therapists (Kardner & Mensh, 1973, Perry, 1976 and Holroyd & Brodsky 1977).

In 1973, as a response to the problem of sexual intimacy with patients, the American Psychiatric Association issued the following statement: "Sexual activity with a patient is unethical" (p. 1061). Then, in 1977, the American Psychological Association similarly issued the following statement: "Sexual intimacies with clients are unethical" (p.170). Following the leads of the American Psychiatric Association and American

Psychological Association, other mental health fields, including social work and family therapy, proclaimed that sexual relations with clients were forbidden. Despite such prohibitions, several legal actions were instituted in courts throughout the United States against mental health professionals as a result of sexual relations with clients and patients (Vasquez, 1988; Pope, 2000).

Second Wave: Late 1970's and 1980's (Development of a Profile for Who is at Risk)

In the late 1970's, studies similar to Butler and Zelen (1977) focused on interviews with mental health professionals who became sexually involved with their clients. Findings indicated that sexual contact often developed through the initiation by the therapists. The majority of the therapists involved in these sexual contacts reported that they were vulnerable, needy and/or lonely when the sexual contacts occurred. In addition, therapists who were involved with clients typically were experiencing changes in their life cycles, such as crises in their marriages, separations, and divorces at the applicable times (Pope, 2000; Butler & Zelen, 1977; Davidson, 1977; Marmor, 1972). As a result of these studies, a profile of therapists who were at risk of becoming involved with clients was developed. This profile demonstrated that male therapists were at a higher risk than female therapists of becoming involved with their clients (Pope, 2000). Due to the widespread nature of this phenomenon across mental health fields, many liability insurance carriers placed a limit on their coverage of mental health malpractice claims (Pope, 2000). Nevertheless, many researchers and clinicians in the mental health field indicated that the majority of cases were never reported to the insurance carriers or the judicial system (David & Guskin, 1994; Pope, 2000; Celenza & Gabbard, 2003).

Third Wave: 1990 (Development of Boundaries)

At the beginning of the 1990's, Epstein, Simon and Kay (1992) coined the term "slippery slope" effect to describe certain aspects of therapists' sexual intimacy with their clients. The slippery slope effect refers to the idea that small boundary violations can ultimately lead to sexual activities between a therapist and his or her client (Epstein, Simon & Kay 1992). Many researchers and clinicians in the field advocated for strong boundaries and emotionally distant forms of therapy in order to avoid such sexual relationships (Gabbard, & Lester, 1995; Celenza & Gabard, 2003). Based on the slippery slope effect, researchers outlined certain guidelines for therapists to use in order to avoid boundary violations. The guidelines were simple: they required that therapists list all ethical guidelines from their respective professions, and use them to govern their relationships with all clients or patients they treated, without exception. The premise behind the slippery slope effect was that, since small exceptions could lead to boundary violations (Guthiel & Gabbard, 1992; Epstein, Simon & Kay, 1992; Schoener, 1995; Celenza & Gabbard, 2003), any type of exception, on the part of the therapist, was highly discouraged. Nevertheless, there were researchers and clinicians who believed that therapists, who had crossed sexual boundaries, could be rehabilitated (Celenza, 2006; Schoener, 1995).

In summary, the mental health field changed its codes of ethics to reflect the changes in societal views about sexuality. It appears that, as societal values regarding sexuality became more openly discussed in the 1960's and 1970's than in previous decades, the mental health field and its ethical codes became more rigid than in the past.

This shift in the mental health field was captured by the development of inflexible boundaries in the 1990's.

Fourth Wave: Today (Normalizing Sexual Attraction)

Currently, there have been efforts by professionals in the mental health field to normalize sexual attraction in the therapeutic dyad (Pope, Sonne and Greene, 2006; Luca, 2014). For example, Luca (2014) addressed sexual attraction in therapy and supervision through many different theoretical backgrounds, such as cognitive behavioral therapy, mindfulness, existentialism, psychodynamics and systemic approaches. Moreover, Luca (2014) included practical clinical examples for supervisors to use during supervision of supervisees who are attracted to their clients.

Although there have been efforts to normalize sexual attraction in supervision and therapy, researchers have indicated, over the past twenty years, that the topic of sexuality is not often discussed during training (Blanchard & Lichtenberg, 1998; Fisher, 2004; Weerakoon, Jones, Pynor & Killburn-Watt, 2004). Moreover, two major studies, Weerakoon, et al., (2004) and Harris and Hayes (2008), indicated that education and experience facilitate comfort in initiation of discussion about sexual topics by therapists with their clients and supervisees.

Weerakoon et al., (2004) conducted a survey study in Sydney, Australia, to measure students' anticipated levels of comfort in clinical and medical interactions which had sexual implications, such as dealing with particular groups of clients (e.g., lesbians, gay, bisexual, transsexual and questioning individuals) or particular situations (e.g., when patients make sexual remarks to a therapist or when physicians conduct physical examinations of patients' genitalia and or breasts). Participants consisted of 1,132 health

professionals who were enrolled in several online courses. Results indicated that, overall, students would have difficulties in dealing with clients who make sexual remarks to them, overtly (78.8%), or covertly (74.7%). In addition, women demonstrated a higher level of discomfort than men for both overt sexual remarks ($t=10.256$, $df=1099$, $p=0.000$), and covert sexual remarks ($t= 10.414$, $df=1102$, $p=0.000$). Moreover, female and male health students reported discomfort in dealing with patients who were members of the LGBTQ community when they were the same sex as the students. For example, female students were more uncomfortable than male students with lesbian patients ($p=0.034$). Likewise, male students were more uncomfortable than female students with gay men ($p=0.000$). Participants also indicated that they had minimal training or discussion about sexual issues in their programs.

Harris and Hays, (2008) used path analysis to determine how AAMFT clinical members' comfort and perceived sexual knowledge with issues of sexuality helped clinicians to initiate sexual discussion in therapy based on the clinicians' exposure to: (1) sexual education, (2) supervision, and (3) clinical experience that focuses on issues of sexuality. Participants consisted of 175 AAMFT-clinical members, 65 of whom were male (mean age = 57 years) and 110 of whom were female (mean age = 53). There were, however, no descriptions of the race or ethnicities of participants. Overall, the results of this study concluded that sexual education, supervision experience, and perceived sex knowledge together explained 48% of the variance in therapist comfort with sexuality matters.

Consequently, only limited literature exists regarding therapists' comfort with sexuality in therapy. The Harris and Hayes, (2008) study demonstrated that education and

supervision in issues of sexuality facilitated discussion of sexual topics in the therapeutic dyad. Thus, it is possible that, supervisees may benefit when supervisors initiate discussion about sexuality. Moreover, the Weerakoon et al., (2004) study indicated that there exists certain gender differences in the comfort level between men and women regarding sexual remarks, with women reporting feeling the most uncomfortable about sexual remarks.

Part II: Sexual Attraction in Therapy and Supervision

The focus of this part of the literature review is on sexual feelings in therapy and supervision. The first portion focuses on therapists' feelings of sexual attraction towards their clients, the lack of training in addressing sexual feelings in therapy, and therapists' hesitation to seek out supervision. The second portion focuses on supervisors' feelings towards their supervisees.

Sexual Attraction in the Therapeutic Dyad

The majority of studies about therapists' sexual attraction towards their clients have been based on surveys of the therapists' reported feelings and reactions towards their clients. In general, researchers have reported that the majority of therapists have felt attracted to at least one client, and that many therapists would not seek supervision to manage their attraction to a client. A review of the literature on therapists' attraction to clients indicated that many therapists experience shame, among other negative feelings, when sexually attracted to a client.

Professional Samples

Pope, Keith-Spiegel, and Tabachnick (1986) conducted a survey study to explore psychologists' experiences of sexual attraction to their clients. Their sample consisted of

psychologists in private practices, clinics, hospitals and universities who were randomly selected from the American Psychological Association Membership Directory. Participants consisted of 585 psychologists (339 men and 246 women; race and ethnicity were not identified in the study). The median age of the participants in the study was 46 years, and the average length of practice was 17 years. Results of the study indicated that at least half of the participants (50.7%) reported they, at least once, experienced sexual attraction to a client. Results also indicated that male therapists were significantly more often attracted to clients than were female therapists ($F (1, 575) = 41.00$, $p < .003$). Moreover, 52.4% of therapists in the study reported that they believed it was unethical to be sexually attracted to a client.

Stake and Oliver (1991) conducted a similar exploratory survey study with licensed psychologists from Missouri. Their goal was to explore the frequency with which psychologists are attracted to at least one client, and how psychologists managed their attraction. Participants consisted of 320 psychologists, (207 men and 113 women); there was no information about race or ethnicity. In the study, psychologists' average length of practice was 14 years. Most participants (84.6%) reported they, at least once, experienced sexual attraction to a client. Moreover, women were more prone than men to check the option "never felt that way about a client." Moreover, Stake and Oliver (1991) found that, on average, participants indicated that they handled their attraction towards clients in three ways: (1) on their own (69.5%); (2) spoke with their supervisors (49.3%); and/or (3) referred the client to another therapist (22%).

Expanding on strong feelings in therapy, Pope and Tabachnick (1993) not only examined sexual attraction, but also studied other emotions that psychologists may feel

toward their clients which are considered taboo. They also investigated psychologists' perceived effectiveness of their education and training with respect to feelings of anger, fear, and sexual arousal toward clients, and how prepared that the psychologists felt to handle their feelings. Participants consisted of 285 psychologists (141 men, 141 women, and 3 individuals not reporting gender; race and ethnicity were not reported). The median age of the participants was 45 years. The results of the study indicated that the majority of participants (87%) reported feeling attracted to at least one adult client, and that more than half of the participants (50.2%) reported receiving no training or inadequate training regarding sexual feelings in therapy.

Based on the original national survey conducted by Pope et al., (1986), Rodolfa, Hall, Holms, Davena, Komatz, Atunez, and Hall (1994) employed a longer questionnaire to study psychologists in educational settings. They explored the psychologists' feelings of attraction towards clients, and how the psychologists managed their feelings. Participants in this study consisted of 386 psychologists (199 men and 187 women; race and ethnicity were not reported). The median age of the participants in the study was 44 years, and the average length of practice of participants was 15 years. Rodolfa et al., (1986) found that most participants (88%) reported that they had experienced, at least once, sexual attraction to a client, with male therapists (94%) reporting being attracted to a client more often than female therapists (81%). Moreover, about half (55%) of all respondents indicated that their feelings of attraction caused them discomfort, guilt, or anxiety, and 60% of the respondents reported that they had sought supervision or consultation to discuss their feelings of attraction. Results also indicated that psychologists sought consultation or supervision for three main reasons: (1) concern for

client welfare, (2) concern for loss of objectivity, and (3) desire to gain understanding of the attraction. On the other hand, participants who did not seek supervision generally indicated that they did not feel that the attraction interfered with their courses of therapy. Furthermore, a small number of psychologists reported that they were fearful of negative supervisor reactions, or that anxiety or shame inhibited their desire to speak with their supervisors.

Bernsen, Tabachnick and Pope (1994) designed another study that closely followed the prior study conducted by Pope et al., (1986). However, in the study, the participants were social workers rather than psychologists. The aim of the study was to capture social workers' sexual attraction to their clients and the social workers' perceived effectiveness of their education and training related to sexual attraction to clients. The sample consisted of 453 social workers (229 men, 224 women, and 10 individuals who did not report gender; race and ethnicity were not reported) with an average length of practice of 19 years. Results indicated that most participants (81%) reported that they experienced sexual attraction to their clients on at least one occasion. Additionally, most participants (90%) reported that they had received no training or inadequate training in the area of sexual attraction.

In the same way, Nickell, Hecker, Ray, and Bercik (1995) investigated marriage and family therapists' sexual attraction towards clients, and marriage and family therapists' perceived effectiveness of their education and training about sexual attraction to clients. Participants consisted of 189 therapists (exact numbers of men and women are unknown; race and ethnicity were not included). Results indicated that more than half of the respondents (55.1%) reported that their training did not include adequate coverage of

the topic of sexual attraction towards clients. Moreover, 47.3% of the participants reported that they did not receive any coverage on this topic during clinical supervision. The male participants (100%) and most of the female participants (73%) reported they had experienced, at least once, sexual attraction to their clients in the past two years.

Sehl (1998) conducted a study on social workers' experiences with erotic countertransference for clients of the opposite sex. The sample consisted of 426 social workers (104 males and 322 females; race and ethnicity were not described). Results indicated that 21.2 % of male social workers were frequently sexually attracted to clients, but only 3.4% of female social workers reported being frequently sexually attracted to clients. Moreover, a small percentage of social workers (10.6% of females and 14.4% of males) felt that they had received appropriate training regarding erotic countertransference during their graduate programs. Additionally, social workers who reported that they utilized erotic countertransference to further the therapeutic process also reported discussing erotic countertransference in supervision ($r = .41$, $p < .001$).

Using an international sample, Giovazolias and Davis (2001) investigated British counseling psychologists' experiences of sexual attraction to their clients, the reactions provoked in psychologists, and how psychologists managed their feelings. The sample consisted of 122 participants (distribution of men and women in the sample are unknown; race and ethnicity were not reported). Results indicated that most of the participants (77.9%) reported feeling attracted to at least one client. Furthermore, more women (58.9%) than men (41.1%) reported being attracted to their clients. Moreover, almost half of the psychologists (45%) "normalized" their feelings of attraction towards clients, and reacted in a "positive" way (i.e., acknowledgement of feelings/acceptance consideration

of attraction as a normal feeling, etc.). However, 39% of the psychologists reacted with feelings of surprise, shock and guilt in response to their sexual attraction towards clients. Additionally, almost half of the respondents (48%) raised the issue of such sexual attraction with their supervisor, while 27.4% of the respondents did not raise this issue with anyone, but rather preferred to "contain" their feelings and work through them on their own. It is important to note that the fact that female therapists reported being attracted to their clients more often than male therapists could be a result of cultural differences between the United States and England.

Paxton, Lovett, and Riggs (2001) specifically investigated the relationship between therapists' perceived effectiveness of education and training about sexual attraction to clients, and therapists' actual attraction to clients. In the study, the sample consisted of psychology graduate and postgraduate professors (and supervisors) randomly selected from the American Psychological Association Membership Directory. The participants included 293 faculty members (185 men and 108 women; race and ethnicity were not reported). Their mean age was 49 years, and their average length of clinical practice was 22 years. The results of the study indicated that most participants (78%) reported that they experienced, at least once, sexual attraction to clients. More men (89.1%) than women (60.7%) reported having been aware of sexual feelings toward a client. Approximately half of the sample felt moderately well prepared (32%) or very well prepared (20%) to address sexual feelings in therapy. On the other hand, participants who did not receive training on sexual attraction to clients in an ethics course, and did not have a supervisor who normalized their sexual feelings in therapy, generally felt that their training did not prepare them well to manage sexual feelings in therapy.

Another British study conducted by Rodgers (2011) used a phenomenological method to explore therapists' understanding and experiences of sexual feelings in the context of therapy. In the study, the sample constituted of only 6 participants (2 males; 4 females; 4 Caucasian and 2 others), and the age range was from 40 to 58 years old. The study elicited two emergent themes, which were grouped into two clusters: (1) comprehension and utilization of erotic transference within therapy, and (2) support for the therapist. All participants agreed that sexual feelings in therapy can go both ways between a therapist and his or her client. However, half of the sample participants (3) reportedly felt confused about their feelings. Within the support for therapist theme, all participants demonstrated a lack of awareness and surprise regarding core model training, and half of the respondents (3) expressed a desire to expand their knowledge on the topic. Participants saw the value in supervision in order to help them to identify the phenomenon in the therapeutic context. Moreover, all participants acknowledged the necessity of having a trusting and collaborative supervisory relationship for therapists to safely disclose their feelings.

The conclusion that may be gleaned from these professional therapist studies is that most therapists feel attracted to their clients. Further, male therapists tend to report more sexual attraction than female therapists, with the exception of only one study (Giovazolias & Davis, 2001). In addition, almost half of the participants in most of the studies reported that they would not consult with supervisors, and felt negative emotions associated with their attraction (anxiety, confusion, or guilt). Most therapists recognized that they had received insufficient training and education with respect to feelings of attraction towards clients.

Student Samples

Ladany, Hill, Melincoff and Petersen (1997) conducted a qualitative study on the experiences of pre-doctoral psychology interns regarding their sexual attraction toward clients, use of supervision to address such sexual attraction, and prior training regarding sexual attraction. Participants consisted of 13 pre-doctoral psychology interns (10 Caucasians and 3 other; 8 women, 5 men; 11 heterosexuals, 2 other) who ranged in age from 27 to 39 years old. On average, these psychology interns had 45.23 months of counseling experience since entering their doctoral programs. Participants reported that, in general, they were sometimes (6 participants) or rarely (7 participants) sexually attracted to clients. The results of the study also indicated that, for the majority of participants (8), sexual attraction began during the first three sessions. Further, the majority of participants (10) indicated they experienced negative feelings associated with the attraction. Most participants (7) worked on their feelings on their own, while the remaining (6) participants discussed their feelings with supervisors. Among participants who discussed their attraction to clients with supervisors, half (3) reported a positive experience, stating that their supervisors were helpful in normalizing and validating their feelings. The other participants that discussed their attraction to clients with their supervisors (3) reported having a negative experience in supervision. These participants stated that their supervisors were "not helpful" and that they "probed too much."

Similarly, Harris (2001) used a student sample to conduct a survey study to examine the beliefs of family therapy students from COAMFTE accredited programs in the United States with respect to sexual attraction in therapy. The sample in the study consisted of 186 students. The average age of the participants was 31, with the majority

being female (72%). The majority of the sample (83%) identified themselves as being Caucasian, and the remainder (13%) were identified as "other." The study was composed of two parts: (1) a survey with questions regarding a broad range of reactions, beliefs, and attitudes toward sexual attraction in therapy, and (2) a hypothetical scenario in which a client expressed attraction to the therapist. The participants were asked to respond to questions regarding how they would handle a similar situation. Results of the study demonstrated that the majority of participants would feel cautious (85%) and/or uncomfortable (69%) if a client reported being sexually attracted to them. A subsample of the participants (76 participants, consisting of 20 men and 56 women; race and ethnicity were not reported) in the study, each of whom had gone through an entire year of clinical experience, were selected to answer questions about whether or not they had experienced feelings of sexual attraction towards a client in therapy. Approximately half of the male therapists (55%) reported that they had experienced attraction towards at least one client, while only 23% of females reported that they experienced attraction towards at least one client.

Consequently, the studies involving students indicated that students report less sexual attraction towards their clients than professional therapists had reported in the professional therapist studies. However, similar to the professional therapist studies, more male students than female students reported attraction to clients. In the Ladany et al., (1997) study, most students discussed their attraction with supervisors. Nevertheless, in the Harris (2001) study, almost half of the students would not consider discussing their attraction with supervisors. These proportions were similar to those found in the professional therapist studies.

Recent Studies on Sexual Attraction and Training

Meek, McMinn, Burnett, Mazzarella and Voytenk (2004) conducted a survey study of clergy to evaluate how clergy manage their feelings of sexual attraction in professional contexts. The sample in the study consisted of 258 participants (90% male, 10% female; most were White (86%), married, and between the ages of 30 and 60 years old). Meek et al., (2004) used a similar version of the Pope et al., (1987) questionnaire. The results of the study indicated that 40% of participants reported that they felt sexual attraction towards a parishioner on at least one occasion. Moreover, most of the clergy in the study reported that they used introspection to cope with their feelings. Such participants reported that they reflected on their religious beliefs as a means to deter them from acting on their sexual feelings towards parishioners.

Unlike other studies conducted in the mental health field, Harris and Harriger (2009) designed a study to assess specifically how family therapists in training (i.e., students) believe they would handle attraction in the context of a conjoint couple's session. A total of 138 students (72% female, 28% male; 83% White, 13% other and 4% did not report race) participated in this study. The average age of participants in this study was 31 years (SD = 8.89). In addition, 79% of the participants had no previous clinical experience. The participants responded to questions based on a scenario in which the participants were to assume that they were the therapists in a conjoint session where one member of the couple expressed an attraction to the therapist. The majority (53%) of therapists in training indicated that they would process the individual's expressed attraction with the couple together. However, one-third (33%) of the participants reported uncertainty about discussing the attraction in a conjoint context. Additionally, over half

(52%) of the participants agreed that their reaction to the individual's disclosure would strongly impact the couple's therapy. Harris and Harriger (2009) concluded, from these responses, that marriage and family therapists face unique issues when dealing with sexual attraction. They suggested that part of the challenge for marriage and family therapists was the number of clients in therapy. The other part was that the field had not offered a systemic explanation of sexual attraction to help guide family therapists' responses to this phenomenon.

Arcuri and McIwain (2010) conducted ground theory research in Sydney, Australia, to determine how psychotherapists handle sexual attraction in therapy. The sample constituted of 11 psychotherapists (6 males and 5 females, with ages raging from mid-20's to mid-60's). There is no information about the participants' race or ethnicity. Results indicated that most therapists reported that they received no training on how to manage sexual attraction to clients. In addition, other than those therapists who were trained in psychoanalysis, the therapists did not possess professional terminology to describe their experiences of sexual attraction based on theoretical orientation. Therapists reported that the way that they managed their attraction towards their clients depended on the intensity of the attraction itself. For example, therapists who felt an intense level of attraction to a point that their clinical work was suffering coped with their feelings principally by consulting with their supervisors. Moreover, many therapists either considered or actually referred the subject client to another therapist or terminated their professional relationship with the client. On the other hand, therapists who described their attraction as low in intensity managed and coped with the attraction on their own. Participants who considered consulting with supervisors also reported that they feared

negative reaction from supervisors, such as receiving a negative evaluation and/or being perceived as an unethical therapist. Further, therapists reported that they would feel more comfortable talking with supervisors who seem "open minded" and "trustworthy."

Markovic (2014) conducted a narrative analysis study in the United Kingdom to explore therapists' experiences with sexual attraction in their practices, and the meanings that therapists attach to their experiences. Participants were psychotherapists who employed systemic approaches. The sample constituted of 14 participants with diverse racial and ethnic backgrounds. Most participants reported that sexual attraction did not occur in their family sessions due to the detached role of the therapist in the session and the age difference between therapists and family members. Additionally, participants acknowledged that the British Code of Ethics clearly prohibited relationships between therapists and their clients, and they did not want to be perceived as unethical therapists. However, therapists who explored their sexual attraction towards clients with supervisors reported that trust and safety in supervision were very important factors to them. Some therapists reported that they did not believe that their supervisors were supportive of engaging in conversations about sexual attraction towards clients during supervision. Furthermore, therapists reported that there was a difference between attraction and sexual attraction, and that supervisors may misinterpret attraction to be sexual in nature. One therapist reported that his supervisor became tense when he reported being attracted to a client during supervision, and that the supervisor started interrogating him, which in turn, made him particularly self-conscious about his own feelings. In addition, the majority of therapists reported a lack of guidance and systemic thinking regarding sexual attraction. Although some therapists used systemic principles to conceptualize their attraction to

clients to enhance the therapeutic alliance, others pathologized the attraction and reported that the attraction itself resulted from a lack of clear boundaries.

Recent studies on sexual attraction have focused on how students and professionals assess their training, and how they would handle sexual attraction in a therapeutic setting. Results are consistent with previous studies, which indicated that the majority of the participants did not feel well prepared to manage their feelings. The clergy and the family therapy studies were exceptions because the number of participants in each study who reported feeling attracted to at least one client was significantly low in comparison to the other studies. Moreover, in the third study by Harris and Harriger (2009), most family therapy students indicated that they did not feel significantly prepared to address issues of sexual attraction in therapy, which is consistent with previous studies. Additionally, in the last two studies by Arcuri and McIwain, (2010) and Markovic, (2014), researchers reported the lack of systemic training and language to understand the phenomenon of sexual attraction in therapy, and the importance of having safety and trust in supervision for therapists to share their feelings.

Sexual Attraction in the Supervisor-Supervisee System

The majority of studies addressing the supervisor-supervisee system are written from an individual therapy perspective. In addition, many of these articles have focused on boundary violations and the prevalence of supervisor-supervisee involvement (Pope, 2000). Moreover, these articles do not examine the relationship between these topics and the experience of supervisors. For example, both (1) the prevalence of American Association for Marriage and Family Therapy (AAMFT) approved supervisors' attraction

to their supervisees and (2) whether supervisors themselves feel comfortable and prepared to handle the issue of sexual attraction in the supervisory dyad, are unknown.

Consequently, there is scant research in the mental health field about sexual attraction in the supervisory dyad. Specifically, in the marriage and family therapy field, studies and discussion on this topic have been extremely limited. There is an indication than more male than female therapists and students have reported being attracted to clients, which, in turn, identifies the importance that socialization and gender roles play in studying this phenomenon (for a review see Sonne, & Jochai, 2013; Schoever, 1981). Additionally, at least half of therapists or students reported that they would not consider (or have not considered) addressing their attraction to clients with their supervisors, and when they addressed this topic in supervision, the results were mixed. Some studies reported that it was beneficial; other studies reported a split between good and bad outcomes. Nevertheless, all studies reported the importance of a collaborative and supportive relationship with supervisors. Based on previous studies, supervisees appeared to benefit from addressing sexual attraction with supervisors when supervisees perceive supervisors to be open.

Part III: Sexual Scripts

Sexual scripts refer to the concept that an individual's beliefs, attitudes, and behaviors about sexuality are the result of socialization. Furthermore, sexual scripts have an impact on three levels: (1) cultural, (2) interpersonal and (3) intrapersonal (Simon & Gagnon, 1984). In a way, sexual scripts serve as a cultural norm that prescribes what is sexually appropriate. Thus, cultural sexual scripts can be defined as the instructions for sexual conduct that are embedded in cultural values. These cultural values, in turn,

provide guidance for an individual's sexual decision making, resulting in the internalization of cultural standards. Interpersonal sexual scripts represent the effects of the cultural internalized messages that affect how individuals relate to one another (Simon & Gagnon, 1986). Moreover, cultural messages and standards play a role in the intrapersonal sexual scripts; intrapersonal sexual scripts are the messages which individuals have internalized that guide their values, beliefs, and attitudes about their sexuality (Simon & Gangnon, 1987). In terms of supervision, it is important for supervisors to be aware of how their own sexual scripts and values have the potential to influence how they manage their sexual attraction towards supervisees.

Double Standards

During the sexual revolution movement that challenged codes of behavior related to sexuality and interpersonal relationships, Reiss (1960) developed the concept of the sexual double standard. The sexual double standard is a concept based on the belief that women and men are held to different standards of sexual conduct. The sexual revolution's main goal was sexual liberation, which included increased acceptance of sex outside of traditional heterosexual, monogamous relationships, the normalization of premarital sex, homosexuality, and alternative forms of sexuality. However, Reiss (1960) argued that men and women continued to be evaluated differently when engaging in the same sexual behaviors. For example, there were differing standards of sexual permissiveness for men and women, a phenomenon that some argue still persists today (Crawford & Popp, 2003). Although the sexual double standard is a phenomenon that has been widely studied in the context of personal relationships, little is known how it

influences professional relationships. This is a salient issue for therapists and supervisors due to the personal nature of their respective professions.

The sexual double standard can have an impact on supervision in terms of how comfortable male and female supervisors feel with managing sexual issues in supervision. After the sexual revolution, many professionals in the mental health field adopted the politic correct terminology found in society at large. Accordingly, it is possible that many professionals in the mental health field may hesitate to raise questions about politically charged topics, such as sexuality, for fear of retaliation or perception as being insensitive or unethical. The basic difference between sexual scripts in the context of personal and professional relationships is perception. As professionals, supervisors and therapists may similarly hesitate to express their true feelings or ideologies for fear of being perceived as unethical by other professional members. Consequently, the sexual double standard can influence the professional conduct of supervisors.

The sexual double standard may explain the gender differences in therapists who have anonymously reported feelings of sexual attraction towards their clients. The fact that female therapists across mental health fields have reported less sexual attraction to their clients than male therapists may be explained by the concept of the sexual double standard. Even though survey studies about this topic have been anonymous, some female therapists may be more concerned about being judged by their sexual attraction to clients than male therapists, which may explain why they have reported less feelings of sexual attraction than their male counterparts. It is also possible that some female therapists may struggle to acknowledge their own sexual feelings, which, in turn, can prevent them from being in touch with their own sexuality, leading them to deny this

aspect of themselves. Similarly, in the therapeutic process, some female supervisors may also experience denial of their own sexuality, which may prevent them from acknowledging their sexuality in supervision. On the other hand, in a professional context which is not protected by anonymity, some male supervisors may hesitate to address the topic of sexuality due to concerns of being perceived as inappropriate, unethical or abusing their power. On one hand, it is possible that male supervisors may anonymously feel free to acknowledge their feelings. On the other hand, due to their gender, male supervisors may feel constricted to engage in conversations regarding sexuality in professional settings for fear of being perceived as inappropriate or unethical. Thus, the sexual double standard affects men and women in different ways. However, studies regarding gender differences have not clarified the different contexts of professional and personal settings which may have an impact on a supervisor's or supervisee's conduct.

Sexuality, Gender, and Race

The development of a sexual "self" is based on an understanding of the messages and meanings that an individual receives about sexuality (Phillips, Reddik-Morgan, & Stephens, 2005; Rose & Frieze, 1993). Supervisors, like other human beings, are not immune to the messages they receive about sexuality as they grow up and during their training. However, if supervisors are not aware of how their upbringing and training can influence their work, these messages have the potential to affect supervisors' management of their sexual attraction towards supervisees.

For example, Dean (2011) asserted that heterosexual identity is highlighted in the culture through the media, and that individuals' lives are similarly organized heterosexually. As a result, heteronormativity is the "cultural norm", and individuals are

socialized to develop heteronormative sexual scripts (Dean, 2011). In terms of sexuality, supervisors and supervisees may have completely different cultural backgrounds, which may, in turn, influence their respective views of sexual attraction. For example, a supervisor may have been exposed to heteronormative messages while growing up that indicate that homosexuality is a sin. In such case, while the supervisor may struggle to be sensitive to supervisees' views of same sex attraction, the supervisor may not feel comfortable in addressing sexual attraction in supervision. However, if supervisors, through their training, can become aware of their own discomfort with an issue, they can draw from their own experiences instead of denying them in order to connect with the experiences of the supervisees. In this case, the supervisors may discover that their experiences with issues of sexuality may not be much different than the experiences of supervisees. Accordingly, although the supervisor may not have felt comfortable, at first, about addressing sexuality in supervision, the supervisor may be able to overcome his or her initial discomfort and address the issue of sexual attraction.

Another example of how the complex issue of sexuality permeates supervision is the racial tension in American society. Some scholars have argued that race and sexuality remain intertwined in American society today. As such, African American women are often perceived as being more sexual than White women, so much so that different sexual standards exist for White women and African American women (Rose & Frieze, 1989; Stephens & Phillips, 2005; Stephens & Few, 2007;Ward, 2003). This difference in standards appears to stem from a "tradition" that originated from slavery and remains prevalent today (for a review, see Stephens & Phillips, 2005). Therefore, in a politically correct era, the differences in sexual scripts among divergent members of society may

play a role in how individuals perceive one another, and may affect their ability to develop trust in their relationships. For instance, a supervisor may address sexual attraction during supervision as a way to normalize this phenomenon. However, a supervisee may misunderstand the supervisor's attempt to address sexual attraction during supervision based on the supervisee's social group, experiences, and the meanings that the supervisee may have attributed to issues of sexuality. Instead of normalizing the sexual attraction as the supervisor had intended, the consequence is that the supervisee may view the supervisor as being inappropriate. It is important to note that one's race and gender do not automatically dictate one's own sexual script. Therefore, the life experiences, training, and the meanings that individuals attribute to the messages they have received about sexuality are as equally important as the social group (i.e., gender, race, and sexual orientation) to which the individuals belong.

Sexuality, gender, and race are social constructs that are so entangled with one another that they create a "fuzzy" line in the understanding of cultural sexual scripts (Simon & Gagnon, 2003). Sexuality is further complicated because individuals may attach different meanings for the same message that they have received from their cultures. Simon and Gagnon (2003) argued that sexual and racial minorities are often compared to the sexual scripts of the majority, without taking into consideration their unique positions in relation to the rest of society. Hence, it is important for supervisors to be aware of and sensitive to not only their own sexual scripts, but also the sexual scripts of their supervisees. In order to foster a trusting relationship in supervision, supervisors need to be open to understand how their own issues with sexuality affect their relationship with supervisees, and vice-versa. This is especially important because many

previous studies have reported a lack of training regarding sexuality at the therapeutic level.

In summary, supervisors bring to their work with supervisees their own experiences, training, and interpretations of sexual views. Moreover, the method by which supervisors' views are translated into their professional work is mostly influenced by supervisors' awareness of their own biases, and the training that they have received regarding issues of sexuality in therapy and supervision. It is crucial to emphasize that a supervisor can empathize with a supervisee's life experiences and sexual scripts without agreeing with the supervisee's point of view. This is a similar process that therapists experience with their clients, such that therapists can understand their clients' struggles without condoning their behaviors.

Limitations of the Use of Sexual Scripts in Research

Sexual scripts have been researched primarily with respect to adolescents and young adults (Bogle, 2007; Bryant, 2008; Phillips, Reddik-Morgan & Stephens, 2005; Rose & Frieze, 1989; Rose & Frieze, 1993; Stephens & Few, 2007; Stephens & Phillips, 2003; Stephens & Phillips, 2005; Stokes, 2007; Ward, 1995; Ward, 2002;Ward, 2003; Ward, Hansbrough, and Walker, 2005; Ward and Rivadeneyra, 1999). Many quantitative and qualitative studies have used the role of the media in influencing the development of cultural sexual scripts within middle school, high school and college students (Phillips, Reddik-Morgan & Stephens, 2005; Rose & Frieze, 1989; Rose & Frieze, 1993; Stephens & Few, 2007; Stephens & Phillips, 2003; Stephens & Phillips, 2005; Stokes, 2007; Ward, 1995; Ward, 2002;Ward, 2003; Ward & Rivadeneyra, 1999). Sexual scripts theory, however, has not been researched with respect to professional adults. The purpose of this

study was to use sexual scripts theory to learn from supervisors (a) what experiences they had with sexual attraction in supervision and (b) how they negotiated their personal views with their professional duties in terms of making decisions about managing sexual attraction in supervision.

CHAPTER THREE: PROBLEM FOR STUDY

Research Questions and Hypotheses

Sexual scripts are internalized messages or scripts that impact an individual's sexual behavior and feelings. Individuals tend to internalize cultural messages; their interactions with others are either consciously or unconsciously influenced by these sexual scripts (Simon & Gagnon, 1987). Sexual scripts theory was chosen to inform the design of this study because it is congruent with systemic thinking; it emphasizes interactions among systems, including self, close relationships (supervisor-supervisee dyad), community, and culture. Additionally, researchers have examined how sexual scripts affect decision-making in interpersonal relationships (Luquis, Brelsford, & Rojas-Guyler, 2012;Ward, 2003). Yet, this decision-making process has not been examined in the context of professional relationships, the focus of this anonymous online cross-sectional descriptive survey study with a purposive convenience sample of (N=322) AAMFT approved supervisors.

There is an association between sexual scripts and gender roles. Prior research suggests sexual scripts not only influence an individual's sexual decision-making, but also how individuals behave according to gender roles (Rose & Frieze, 1989; Stokes, 2007). It is important to understand how supervisors' and supervisees' sexual scripts affect their relationships with each other in supervision. Supervisees, based on their sexual scripts, may perceive their supervisors are asexual. Consequently, a supervisee may refrain from openly discussing sexuality during clinical supervision because he/she is worried about a supervisor's negative views about this topic in the context of therapy and clinical supervision. Similarly supervisors, based on their experiences and sexual

scripts, may perceive supervisees who want to discuss this topic in clinical supervision as in appropriately sexually available and seductive with clients. These negative perceptions and misperceptions can impact the quality of the supervisory alliance.

The most important part of the supervisory relationship is trust (Mehr, Ladany, & Caskell, 2010). Sexual scripts can influence the development of trust between supervisors and supervisees (Few, Stephens & Rouse-Arnette, 2003). If, as a result of preconceived notions about supervisors, supervisees do not trust their supervisors enough to share their vulnerabilities in supervision, it is unlikely that supervision will be successful. It is the supervisor's role to help his or her supervisees make sense of their own personal experiences they can affect professional work and the ability to effectively help couples and families (Aponte, 1994). If supervisors are uncomfortable acknowledging how biases can potentially inhibit them from openly addressing sexual attraction in supervision, supervisors will not be able to normalize and process any sexual issues either in the context of the supervisory dyad or during clinical encounters with clients.

Gaps in Training and the Supervisory Relationship

Sexuality is a normal part of human development (Owen, & Finchan, 2010). Unfortunately, to date sexuality has received little attention in the field of marriage and family therapy and in the mental health field in general. Even fewer empirical studies have examined the sexual attraction of supervisors to supervisees. One of the problems with sexual attraction in the supervisory dyad is that supervisors have a position of power and privilege over supervisees. Perhaps, supervisors' lack of comfort openly addressing sexual attraction to supervisees may be based on an understandable fear that openly discussing this topic may be misperceived as sexual harassment by supervisees (Ladany,

Constantine, Miller, Erickson, & Muse-Burke, 2000). Consequently, supervisees and supervisors may both feel anxious and uncertain regarding how to discuss any sexual feelings in the context of the supervisory dyad and likely supervisees isomorphically will not feel comfortable processing any feelings of attraction with their clients, during clinical supervision (Harris, & Hays, 2008).

Prior cross-section survey studies that examined sexual attraction across mental health fields have consistently reported that most therapists have felt attracted to at least one client (Giovazolias, & Davis, 2001;Harris, 2001; Markcovic, 2014; Rodgers, 2011). Further, these studies suggest that therapists have not received adequate training regarding how best to handle attraction to their clients which can hinder therapists' comfort in addressing sexual attraction with their supervisors. Consequently, supervisors and supervisees may both find themselves emotionally reactive and unable to openly and safely process their feelings of sexual attraction either in the supervisory dyad or with clients.

Purpose of Dissertation Study

The purpose of this cross-sectional online anonymous survey study was to address these gaps in the literature, specifically to examine AAMFT approved supervisors' sexual attraction towards supervisees. A review of the sexual attraction literature suggested that therapists' comfort with their own sexual attraction facilitates therapists' self-awareness (Marckovick, 2014; Rodgers, 2011; Southern, 2007). It is possible that therapists who are more comfortable (e.g., less emotionally reactive) in acknowledging their attraction towards clients are also more comfortable openly consulting with their supervisors compared to therapists who are not comfortable acknowledging attraction to their clients

(Ladany, O'Brien, Melincoff, Knox, & Petersen, 1997; Pope, 2000; Rodgers, 2011). This difference in comfort could help to explain why many studies have suggested that approximately half of the therapists attracted to clients do not consult with their supervisors (Harris, 2001; Nickell, Hecker, & Bercik, 1995; Rodgers, 2011). Nevertheless, the association between therapists' comfort with their own sexual attraction towards clients and management of their attraction has not been explored.

Furthermore, research on sexual attraction between supervisors and supervisees has not explored the role of sexual scripts. Literature on sexual scripts suggests individuals' sexual scripts influence decision-making regarding sexual conduct (Rose, & Frieze, 1993;Ward, 2003). Additionally, sexual scripts are influenced by one's culture (Stephens, & Phillips, 2005). Most prior research studies on sexual scripts have focused on specific socio-cultural factors such as gender, age, ethnicity, religion, sexual orientation, and the impact of societal messages about sexual scripts. For example, several sexual scripts studies have reported that social media influences the sexual decision-making and behavior of young adolescents (Bogle, 2008; Bryant, 2008; Gillum, 2002). Thus, individuals' sexual scripts, decision-making, and behavior, are all influenced by societal messages. Since supervisors and supervisees are not immune to socio-cultural messages, sexual scripts are fundamental to understanding the influence of larger systems on supervisors' behaviors with supervisees. Additionally, it is important to examine how training can help to navigate these societal messages about sexuality in order to facilitate supervisors' increased comfort with their own sexual attraction, which, in turn, may affect how they provide clinical supervision and isomorphically impact supervisees' management of their own sexual attraction to clients.

The primary purpose of this study was to address these gaps in the literature and examine AAMFT approved supervisors' sexual attraction towards supervisees. This study was designed to examine the following: (1) role "self of the therapist" training has on increasing supervisors' awareness of their own sexual scripts, their comfort with sexual attraction towards supervisees, and ability to make sound clinical decisions; (2) how supervisors' awareness of socio-cultural messages (cultural sexual scripts) influence their comfort being sexually attracted to supervisees; and (3) the resources (e.g., training, codes of ethics, or supervision) that have helped supervisors manage sexual attraction to supervisees. More specifically, the study was designed to address the following research questions and to test the following hypotheses:

Research Questions

Question # 1: Is there an association between supervisors' sexual scripts (which are influenced by socio-cultural messages) and their reported feelings of comfort with their sexual attraction towards supervisees?

Hypothesis # 1: Supervisors who are more aware of their sexual scripts will report feeling more comfortable with sexual attraction towards supervisees**.**

Rationale #1: Although there are no prior studies that have examined supervisors' sexual scripts and their feelings of comfort with sexual attraction towards supervisees, prior studies with adolescents and young adults suggest there is an association between sexual scripts and comfort with sexual topics (Kaestle & Allen, 2010;Paiva, Garcia, Rios, Santos, Terto, & Munõz-Laboy, 2010; Ward, 2003).

Question# 2: Is training associated with supervisors' level of comfort with sexual attraction in supervision?

Hypothesis #2: Supervisors who received training that more often attended to sexual attraction and labels (e.g., normalizes sexual attraction) will tend to report feeling more comfortable with their sexual attraction towards supervisees.

Rationale # 2: Previous studies conducted with mental health professionals and therapists reported an association between training that addressed sexual attraction, and increased comfort with topics of sexuality (Arcuri & McIwain, 2010; Rodgers, 2011; Southern, 2007). A review of the literature also suggests that mental health professionals and therapists who have received "adequate training" in sexual attraction tended to be less emotionally reactive (e.g., more comfortable or less anxious) when they felt attracted to their clients (Arcuri & McIwain, 2010; Rodgers, 2011; Southern, 2007).

Finally, this survey study with AAMFT approved supervisors explored whether salient constructs identified in the literature (sexual scripts, training and comfort) have a direct effect on how supervisors manage attraction towards their supervisees research questions 3, 4, and 5.

Question # 3: Is there a direct association between supervisors' sexual scripts and their decision-making regarding managing their sexual attraction to supervisees?

Hypothesis # 3: Supervisors' sexual scripts (liberal, traditional or conservative) will have a direct effect on their decision-making process regarding managing attraction to supervisees (e.g., consulting with supervisor or colleague, addressing the topic in supervision, or transferring the supervisee to another supervisor).

Rationale # 3: Sexual scripts have not been explored in the context of professional relationships. Prior studies on sexual scripts suggest there are associations between

individuals' sexual scripts and their decision-making process in various sexual scenarios (Luquis, Brelsford, & Rojas-Guyler, 2012; Ward, 2003).

Question #4: Is there a direct association between supervisors' training and how they manage their sexual attraction to supervisees?

Hypothesis #4: Supervisors who have received "self of the therapist" training will report making sounder clinical decisions to help manage their attraction towards supervisees.

Rationale #4: Previous sexual attraction studies have not specified the type(s) of training received by supervisors regarding sexual attraction (Acuri and Mackwain, 2010; Pope, 2000; Rodgers, 2011). Most articles in the psychology field point report there is a need for training that addresses erotic counter transference to help therapists manage attraction to their clients (Ladany, O'Brien, Melincoff, Knox, & Petersen, 1997; Southern, 2007). Yet, there has not been much research that addresses supervisors' perspectives on training. This survey study was designed to determine the type(s) of training that was (were) helpful to supervisors regarding helping become more comfortable with any feelings of sexual attraction towards supervisees, manage and process these feelings, and make sound clinical decisions (such as consulting with a supervisor or colleague) when attraction interferes with supervision (Rodgers, 2011).

Question # 5: Is there a direct association between supervisors' level comfort with sexual attraction to their supervisees and how they manage attraction towards supervisees?

Hypothesis #5: Supervisors who feel more comfortable with feelings of sexual attraction toward supervisees will make sounder clinical decisions and better manage their attraction to supervisees.

Rationale #5: Prior studies have explored how supervisees' level of comfort (e.g., decreased emotional reactivity) with sexual attraction towards clients facilitates more open discussions about supervisees' attraction to clients in supervision (Mehr, Ladany and Caskie, 2010; Hess, Knox, Schultz, Hill, Sloan, Brandt, Kelley and Hoffman 2008; Hartl, Zeiss, Marino, Zeiss, Regev and Leontis, 2007). Since the training of supervisors and therapists is similar, it is possible that supervisors who feel more comfortable with attraction towards their supervisees may similarly manage these feelings by seeking consultation, especially when the attraction interferes with supervision.

CHAPTER FOUR: METHODOLOGY

Research Design

This study was a quantitative anonymous online descriptive cross-sectional survey study. The primary purpose was to examine a purposive convenience sample of AAMFT approved supervisors' sexual attraction in the context of clinical supervision with supervisees. More specifically, this study was designed to describe supervisors' decision-making processes regarding managing attraction towards their supervisees, based on supervisors' socio-demographic profile, sexual scripts, level of comfort with sexual attraction, and training. The following nominal variables were examined in this study: (1) supervisors' awareness of how messages from their own social-demographic group (e.g., age, gender, ethnicity, and religion) about sexuality (cultural sexual scripts) influence their levels of comfort (e.g., decreased emotional reactivity) with sexual attraction towards supervisees in supervision; (2) supervisors' management of attraction towards supervisees; and (3) the role of training in facilitating supervisors' comfort with attraction towards supervisees and the ability to manage that attraction.

One of the goals of science is to describe a phenomenon (Godfrey-Smith, 2003); a cross-sectional descriptive survey study is an effective method when there is not much information about that phenomenon (Godfrey-Smith, 2003). In the case of sexual attraction in supervision, to date no studies have examined the decision making process of AAMFT approved supervisors regarding how they manage feelings of sexual attraction toward supervisees in supervision. Additionally, the influence of culture and training on supervisors' comfort with addressing sexual attraction in supervision has not been explored. For example, there were no descriptions in the literature of how

supervisors' internalized messages of sexual attraction (sexual scripts) and training influenced their levels of comfort managing sexual attraction in supervision. This study was descriptive and designed to evaluate the associations among variables that have not been studied together before with AAMFT approved supervisors in the U.S. An on-line survey method was chosen because of the low cost and the ability to reach many more supervisors who are located in various geographic areas throughout the U.S.

Specifically, this study was designed to explore the direct effect of socio-cultural messages, comfort, and training to describe how AAMFT and state approved supervisors managed feelings of sexual attraction towards supervisees in the context of clinical supervision.

Participants

Participants in this study included a purposive convenience sample (versus the planned probability sample because I was not able to get a copy of the list of supervisors from AAMFT) of AAMFT-approved and state-approved family therapy supervisors; the final sample of participants included primarily AAMFT-approved supervisors. State-approved family therapy supervisors were only included in the study to achieve the goal of 322 participants (as indicated by the power analysis below) and to represent the supervisor population. According to the AAMFT website, in 2014 there were a total of 1,955 AAMFT-approved supervisors in the U.S. Note that the number of AAMFT-approved supervisors was estimated because supervisors who were licensed in more than one state were listed multiple times in the AAMFT-approved list of supervisors. The total number of state-approved family therapy supervisors is unknown.

Thus, the study population and sampling frame are all AAMFT approved or state approved clinical supervisors who could be reached by word-of-mouth, professional list-serves (e.g., AAMFT), or AAMFT approved program websites on the world wide web.

In order to assess the representativeness of the study sample, a power analysis was conducted. Using a margin of error of 5%, a confidence level of 95% and a response distribution of 50%, a sample size of 322 (which is the equivalent of a 20% response rate for the total population of 1,955 AAMFT-approved supervisors in the United States) was determined to be representative of the population. Similar studies in other fields using samples from national professional societies had realized response rates in excess of 20% (see Holroyd & Brodsky (1977): 70% response rate; Pope, Speigel & Tabachnick (1986): 58.5 % response rate; Gartrell, Herman, Olarte, Feldstein & Localio (1987): 26% response rate).

The study sample included AAMFT approved or state supervisors who fit the following specific study inclusion criteria: (a) participant must be either an AAMFT-approved supervisor or a state-approved family supervisor and (b) participant must live in the U.S. Supervisors who live outside of the U.S. or any other type of supervisor were excluded from participation in this study.

Procedures

This study took place at Drexel University. There was no particular geographic setting designated for the study because it was an online survey. Potential participants were identified through the use of professional social media such as Face book, Linkedin, Google plus, and Psychology Today. Next, an Internet search of all 50 states in the U.S. for state-approved family therapy supervisors was conducted. These searches included

lists of mental health professionals included in each state's government webpage. Additionally, some participants were identified through other participants who shared the link for the survey with colleagues.

Participants completed an electronic survey on-line using Qualtrics; participants could voluntarily fill out the online survey. A letter of invitation was e-mailed out to all interested participants (2,100 family therapy supervisors). Within the body of this e-mail was a link to the survey's website for easy access. Data collection took approximately 1month, from February 9, 2015 to March, 11 2015 and a final sample of 232 participants volunteered to participate. However, only 174 participants were included in this study. Participants received email invitations (see Appendix B), which included the following: 1) cover letter stating the purpose of the study; 2) general instructions to complete the online questionnaire; 3) description of procedures to maintain anonymity of participants; 4) an explanation of the study; 5) link to the electronic consent form (see Appendix B); and 6) the survey (see Appendix E). These were all posted in Qualtrics (online survey engine provided by Drexel University, free to students and faculty).

The consent form (see Appendix B) described the following: (1) purpose of the study; (2) identification of researchers conducting the study; (3) why participants were invited to participate; (4) the study was voluntary; (5) participants could withdraw from the study at any time, without penalty; (6) approximate time the online survey would take to complete; (7) socio-demographic profile of participants; (8) statement ensuring confidentiality of information shared; (9) identification of the persons with whom the results of the study would be shared; and (10) research was reviewed by the Drexel University IRB Committee for Research Involving Human Subjects.

Participants who agreed to volunteer for the study were asked to click on the following link at the end of the email (http://drexel.qualtrics.com/SE/?SID=SV_cMEMXfrgVeJ2BLf). Additionally, participants were first asked to click a box stating that they read the information in the consent form and were voluntarily agreeing to participate in the study. Any participants who did not click the "agree" button were not included in the final analysis for this study. The survey was launched on February 10th, 2015, and was closed for analysis on March, 11, 2015. Due to time constraints, the survey could only be open for one month.

The researcher was responsible for entering and analyzing all survey responses; Qualtrics data was exported into an SPSS data base (Version 22.0). Participants were given one-month to complete the survey. After the first week, reminder emails were sent to participants. Participants received a total of three reminders.

Measures (Online Survey)

Four main categorical variables were used to measure the decision making process of supervisors regarding managing their attraction to supervisees. The following categories were identified in the sexual attraction and sexual scripts literature:

1. Supervisors' socio-cultural messages (i.e., age, gender, ethnicity, and religion influences scripts)

Socio-cultural messages' influence on sexual scripts was measured by evaluating associations between socio-cultural messages (**questions# 1-8**; see Survey in Appendix E) and supervisors' self-identified scripts (liberal, traditional or conservative/religious question 9). In the sexual scripts literature, socio-cultural messages have been associated

with the formation of individual sexual scripts. (Luquis, Brelsford, & Rojas-Guyler, 2012;Ward, 2003).

2. Supervisors' comfort with their own sexual attraction towards supervisees

Comfort (e.g., level of emotional reactivity) was measured by exploring 3 comfort areas identified in the literature: (1) supervisors' comfort in acknowledging attraction to supervisees (Rodgers, 2011); (2) supervisors' emotional reactivity (Elliott, Loewenthal, and Greenwood, 2007), and (3) supervisors' comfort in reaching out to other supervisors or colleagues when attraction to supervisees interferes with supervision (Pope, 2000) (**questions# 15, 16, and 22**).

3. Supervisors' management of their feelings towards supervisees

Management of attraction to supervisees was measured by the supervisors' ability to make sound clinical decisions based on the following: 1) training; 2) experience; 3) gender or sexual orientation of the supervisee; and 4) possible misperception that openly discussing sexual attraction may be misunderstood as sexual harassment (**questions # 20, 21, 23, 24 and 25**). These concepts were derived from a review of the literature on sexual attraction and were cited as being positive means to manage attraction (Celenza, 2006; Fisher, 2004;Pope, 2000).

4. The role of training in facilitating supervisors' comfort with their attraction

The role of training was measured by the messages that supervisors' have received about sexual attraction, such as the frequency of discussion about sexual attraction, the normalization of sexual attraction, and the training focus on the "self of the therapist" (**questions# 17, 18, and 19**). The questions used to assess training were identified in the literature of sexual attraction as being important in the training of

supervisors (Harris & Hayes, 2008; Ladany, Constantine, Miller, Erickson, & Muse-Burke, 2000).

Operational Definition of Study Constructs

For the purpose of this survey study, the three most prevalent sexual scripts in the literature were used: (1) liberal, (2) traditional, and (3) conservative/religious.

1. Conservative/religious sexual script: defined as an individual's values about sexuality, such as heteronormativity (which is often associated with an individual's religious beliefs) (Luquis, Brelsford, & Rojas-Guyler, 2012).

2. Traditional sexual script: conceptualized as traditional points of view, such as different expectations for men and women; however, such beliefs are not necessarily religiously based (Ward, 2003).

3. **Liberal sexual script:** is understood an individual's beliefs in equality in all relationships, especially in terms of gender and sexual orientation (Dotson-Blake, Knox & Zusman, 2012).

Sexual Beliefs Associated with Sexual Scripts

For the purpose of this study, sexual values associated with the three most commonly identified sexual scripts (heteronormativity, double standards, views of men, and views of women) were explored to measure supervisors' awareness of their sexual scripts.

1. Heteronormativity: belief that romantic relationships are only normal between people of different sexes (Dean, 2011).

2. Double standards: unwritten code that permits men greater sexual freedom than women (Dean , 2011).

3. Views of men: concept that men are expected to be sexual beings (Ward, 2003).

4. Views of women: concept that women are expected to be asexual (Ward, 2003).

Supervisors' awareness of their sexual scripts

Supervisors' awareness of their own sexual scripts was defined by supervisors' endorsements of beliefs associated with their self-identified sexual scripts. Correlations between supervisors' self-identified sexual scripts (**question #9**) and supervisors' endorsement of sexual beliefs associated with their own scripts (liberal, traditional or conservative) were evaluated to determine whether supervisors' self-identified sexual scripts matched the sexual beliefs associated with their sexual scripts.

Supervisors' comfort with sexual attraction towards supervisees (question s # 15, 16, and 22)

Comfort was defined as the supervisors being less emotionally reactive (e.g., less anxious, uncomfortable and/or distracted) with their own feelings towards supervisees (Celenza, 2006).

Supervisors' management of attraction towards supervisees (questions # 20, 21, 23, 24, and 25).

Supervisors' management of their sexual attraction towards supervisees is defined by the decision making process of supervisors used to deal with their attraction towards the supervisees, based on the supervisors' training, life experiences and sexual scripts. In the same way that sexual scripts influences an individual's decision making process to manage his or her sexual life, this study uses the principles found in the sexual scripts literature (Valkenburg, 2007;Ward, 2005) and the sexual attraction literature

(Fisher, 2004; Pope, 2000; Rodgers, 2011) to explore the decision making process of supervisors employed to manage their attraction towards supervisees.

Training (question # 17, 18, and 19)

The literature does not specify the type(s) of training concerning sexual attraction received by supervisors. Most articles in the psychology field have identified erotic counter transference as essential for supervisors and therapists to be aware of their own feelings. Yet, the literature does not include enough information from the supervisors' own perspectives about what they find helpful in training. One of the purposes of this study was to determine the type(s) of training that would be beneficial to supervisors in assisting them to feel comfortable with their sexual attraction towards supervisees and to manage their attraction appropriately when the attraction interferes with supervision. Thus, training was defined in terms of the messages about sexual attraction received by supervisors during their training. Such messages include the following: (1) discussion of sexual attraction; (2) attraction addressed or labeled as a natural occurrence (i.e., normalization), and (3) training that focuses on the "self of the therapist".

Types of Variables

Outcome Variable:

The outcome variable was the supervisors' management of their attraction towards supervisees. Management of the attraction is defined as the ability of supervisors to make sound clinical decisions when the attraction interferes with supervision (Fisher, 2004).

Predictor variables:

Socio-cultural messages: Socio-cultural messages were defined as messages that supervisors receive about their respective cultures based on their gender, age and ethnicity (Luquis, Brelsford, and Rojas-Guyler, 2012) (**demographic questions # 1 to 8**)

Sexual Scripts: Sexual scripts are defined the constellation of beliefs regarding one's culture, upbringing, and specific beliefs about men and women. Sexual scripts serve a template or guideline of appropriate sexual conduct (Ward, 2003), which include sexual beliefs about heteronormativity (**questions# 10 and 12**) and double standards (**questions# 11,13 and 14**).

Comfort: Comfort is defined as minimal emotional reactivity (**questions# 15, 16 and 22).**

Training: Training is defined as the messages received during training about sexual attraction (**questions # 17, 18, and 19)**.

Data Processing and Analysis

The first step was to export the data from Qualtrics into SPSS 22.0 and clean up the data. Participants who did not check the "agree" button were deleted from the data base. Additionally, participants who did not answer more than 30% of questions were excluded. Next, nominal categories were transformed into scales by assigning values to each of the constructs (for detailed information on how each construct was coded, see Appendix F).

Next, frequencies, range checks and descriptive statistics (e.g., M, SD, skewness) were evaluated for all questions, along with Cronbach alpha for the scales. Since there is

not enough information in the literature to examine whether the constructs included in this study (e.g., socio-cultural messages, sexual scripts, comfort and management) are associated with each other, this study was designed to explore whether these constructs are, in fact, associated with each other. Frequencies were then calculated for all demographic variables in the entire sample, including: gender; sexual orientation; age; years as a supervisor; theoretical orientation; and supervisors' self-reported sexual scripts.

Next, correlations between all variables were calculated. Further, statistical analyses (including calculations and analyses of means, standard deviations, minimums and maximums) of all key predictors (sexual scripts, training and comfort) and the primary outcome variable (management of the attraction) were completed. Then, correlations were calculated between the predictor variables and the outcome variables for all questions that measured constructs associated with each of the 3 predictors. Next, a linear regression was used to explore whether each of the predictors (sexual scripts, comfort, and training) were associated with the primary outcome variable (management of the sexual attraction).

This study was based on one questionnaire, Pope, Tabachnik, & Keith-Speigel (1986). Below is a description of the Pope et al. questionnaire, and how it was used to develop this study's questionnaire.

Pope, Tabachnick & Keith-Spiegel (1986) Sexual Attraction Survey

Pope, Tabachnick & Keith-Spiegel (1986) designed a survey to document "the extent to which psychotherapists are sexually attracted to clients, how they react to and handle such feelings, and the degree to which their training is adequate in this regard"

(Pope, et al., pg.1). The questionnaire consisted of 17 questions (15 multiple choice and 2 open ended questions). The questionnaire was divided in two parts: (1) demographic information and (2) personal experience. Demographic questions requested participants' information about: (1) gender; (2) age group; and (3) years of experience in the field. Personal experience questions requested information about each participant's experiences with sexual attraction in the therapeutic dyad. Specifically, questions covered the following topics: (1) therapists' sexual attraction to clients; (2) therapists' attraction to either male or female clients or both sexes; (3) therapists' reactions to their experience of attraction; (4) therapists' beliefs about their clients' awareness of attraction; (5) reciprocation of the attraction; (6) the impact of the attraction on the therapy process; (7) how feelings of attraction to clients were managed; (8) the incidence of sexual fantasies about clients; (9) reasons, when applicable, for therapists to refrain from acting out on their sexual attraction by becoming sexually intimate with clients; (10) what features determined which clients would be perceived as sexually attractive; (11) incidence of actual sexual activity with clients; and (12) the extent to which the respondents' graduate training and internship experiences dealt with issues related to sexual attraction to clients.

Using an adaptation of the Pope et al., (1986) survey, Bernsen, Tabachnick and Pope (1994) investigated the incidence of sexual attraction of social workers to their clients. The questionnaire covered the same topics from Pope et al., (1986) original questionnaire. The only difference was that the subject of the questions was changed from therapists to social workers. The results of this study were similar to Pope et al., (1986), indicating that the majority of social workers are attracted to their clients, and that

at least half of social workers did not receive appropriate training with respect to sexual attraction to clients.

Likewise, Rodolfa et al., (1994) used a questionnaire similar to the questionnaire used by Pope, et al., (1986). However, the questionnaire in this study was longer than the questionnaire in Pope et al., (1986). Rodolfa et al., (1994) had 30 questions (22 closed ended questions and 8 open ended items). The questionnaire covered the following topics: (1) demographic characteristics; (2) incidence and management of sexual attraction towards clients; (3) clients' awareness of and reciprocation of attraction of the therapists towards them; and (4) the impact of the therapists' attraction on the therapy process; (5) the impact of training on the therapy process. Results were similar to Pope et al., (1986) and Bersen, Tabachnick, and Pope (1994), indicating that most social workers have felt attracted to at least one client, and that they did not receive appropriate coverage of the topic with respect to attraction to clients in their training. Although Pope et al., (1986) did not provide any psychometric information about the survey instrument, the questionnaire designed in this study appears to be reliable, as it was used with different populations and yielded in similar results.

Adaptation of Instrument for Current Study

The original questionnaire from Pope et al., (1986) has two main categories: (1) demographic information and (2) personal experience. For the instant study, a few adaptations were adapted from Pope et al., (1986). The instant study had four parts: (1) demographic information; (2) supervisors' sexual scripts; (3) supervisors' education and training regarding sexual attraction; and (4) supervisors' decision and comfort with managing sexual attraction in supervision.

Part 1 demographics information for this study was based on Pope et al., (1986). Nevertheless, there were certain differences between the instant study and Pope et al., (1986). The main differences from Pope et al., (1986) were that, in this study: (a) participants were asked to state their age and race rather than selecting from multiple-choice answers; (b) there was an additional question about the participants' theoretical orientations, (c) there was an additional question about the participants' professional qualifications. Part 2 focused on sexual scripts. It included multiple-choice questions that requested participants to identify their sexual scripts. These questions were developed based on a review of relevant literature. Part 3 used two questions from Pope et al., (1986)'s education questions, with the exception of one question (question 17) which was developed based on the literature review to fit the study purpose. Part 4 addressed the decision-making process, comfort and useful resources employed by supervisors in managing sexual attraction in supervision. Like the other parts, these questions were based on the review of existing literature.

In summary, it was necessary to create a new adapted survey to conduct this study. A review of the literature from the past forty years suggested that there were no measures, which captured both the personal and professional experiences of supervisors. Most prior studies focused exclusively on the experience of supervisees, and did not include supervisors' training or cultural messages about sexuality (Celenza, 2006; Pope, 2000; Rodgers, 2011).

The survey used in this study was divided into four parts. The first part included multiple-choice demographic questions, asking for participants' gender, sexual orientation, age, ethnicity, religion, years of experience as supervisors, theoretical model

of supervision, and professional qualifications (**total of 9 questions**). The second part included questions about supervisors' sexual scripts (values) (**total of 6 questions**). The third part included questions about the education and training of participants (**total of 3 questions**). The fourth part asked for about supervisors' decisions, comfort and useful resources employed in managing sexual attraction in supervision (**total of 8 questions**).

Feasibility

The sample was somewhat accessible and feasible. Some states, on their government websites, provided a list of all AAMFT-approved supervisors and state approved family therapy supervisors available in those states. Although other states did not provide supervisors' email addresses on their lists, most listed supervisors' email addresses and others were determined through Internet searches and social media. Some potential IRB problems included participants' risks, privacy, and inclusion criteria. Since all participants were professional adults, the participants were not a vulnerable population (e.g., minors or underserved populations). In addition, there were minimal risks to participants because all questions about experiences were not expected to cause harm, as mental health professionals must engage in self-reflection as part of their work. The privacy of participants was protected because the survey did not acquire any identifiable information about participants. Moreover, Qualtrics allowed the researcher to design surveys to be private such that the researcher did not have access to the email or IP addresses of participants who completed the survey.

Data collection was completed in one month (from February, 10 to March 11). The survey was available for one month to allow participants sufficient time for

completion. After the one-month period had expired, the survey was closed to participants. This research did not require major financial costs.

Potential Threats for Reliability and Validity

Reliability

In order to address the reliability of the survey, a review of the literature was used as a guideline to ensure that the survey items addressed the same aspects of behavior as previous studies measuring similar constructs (Owens & Finchan, 2012;Ward, 2003; Stinson, 2010). Since a new survey was created just for this study based on the literature review, Conbrach alphas of the main study constructs were calculated and analyzed. This was a necessary step to evaluate whether the constructs identified in the literature, and grouped together as a scale, produced reliable results. As it turned out, the survey for this study did not produce reliable scales.

Validity

Validity is concerned with the accuracy of a measurement, and it is often discussed in the context of sample representativeness (Gaskell, Wright & O'Muircheartaigh, 1993). In order for a sample to be representative of a population, the sample source should: (1) include the entire population under study; (2) use data collection methods that can reach individuals with characteristics typical of those possessed by the population of interest; (3) include screening criteria which truly reflects the target population; (4) minimize non-response bias with good survey design, incentives and the appropriate contact method; (5) have quality controls in place during the data collection process in order to guarantee that designated members of the sample are reached (Gaskell, Wright,& O'Muircheartaigh, 1993). This study may not have produced valid results because the

sample size did not reach the number required to be representative of the population of marriage and family therapists. Additionally, this study was psychometrically weak.

The study population and sampling frame were all AAMFT approved clinical supervisors who could be reached by word-of-mouth, and professional list-serves (e.g., AAMFT programs, AAMFT) on the world wide web, therefore, a purposive convenience sample of N (174) completed the online self-report cross-sectional survey.

CHAPTER FIVE: RESULTS

Self of the Researcher

Through my research on the topic of sexual attraction for the past five years, I have learned how to be open and honest with myself about the topic of sexuality in therapy and supervision. I decided to use sexual attraction as my dissertation topic because it provided a personal challenge for me. During my training as a therapist, the topic of sexual attraction was seldom discussed. I remember thinking to myself, when the topic was addressed in an ethics course, that I hoped never to feel attracted to any of my clients because the instructor appeared to be so uncomfortable with the topic.

The more I thought about sexual attraction in supervision and therapy, the more I convinced myself that it would never happen to me. After all, I am a professional therapist, and professional therapists do not have such feelings. I was even more adamant about this idea when a therapist friend gave to me a collection of the television series "In Treatment." As I watched the series, I was appalled to discover that the male therapist was sexually attracted to his client. So, when I had the opportunity to choose a topic to write about and present at AAMFT, I decided to author a section on therapists' sexual attraction to their clients.

As I prepared for the AAMFT presentation, I thoroughly researched the topic of sexual attraction in therapy. The more I read and learned about this topic, the clearer it became to me that feeling sexually attracted to a client is part of being a therapist. I began to question myself: What are the reasons for which I would give myself permission to have certain feelings about a client (i.e., sadness, empathy, surprised, etc.)? What are the reasons for which I would not give myself permission to have certain feelings about a

client (i.e., anger, irritation, love or sexual attraction)? I saw a parallel between my personal development and my professional development, as I realized that, as a woman, I have been encouraged to express the same emotions I gave permission to myself to feel towards my clients, while I have been equally encouraged to deny the emotions I did not give myself permission to feel about my clients. As a result of this experience, I learned how my views were somewhat biased about gender. I learned that I often normalize sexuality for men, and pathologize sexuality for women. Nevertheless, I no longer hold these beliefs, and have learned that sexual attraction is just another normal feeling that we experience, like sadness and anger.

Results

The results are presented in the following three sections. In the first section, the demographic profile of the final sample of 174 participants with complete data is summarized, and descriptive statistics for predictor and outcome variables are described. The final sample was comprised of participants who completed at least 40% of the questions in the study, expressly agreed to participate in the study, and identified themselves as either AAMFT- approved supervisors or state-approved supervisors. This section also includes reliability analysis of scales from the measure.

The second section summarizes the correlation analyses between (a) socio-cultural messages, sexual scripts, comfort and training, and (b) supervisors' management of attraction.

Additionally, the second section includes a summary of the bivariate correlations to answer: (i) Research question one (**Is there an association between supervisors' sexual scripts and their reported feelings of comfort with their sexual attraction towards supervisees?**) and research question two (**Is training associated with supervisors' level of comfort with sexual attraction in supervision?**). Research question three (**Is there a direct association between supervisors' sexual scripts and their decision-making regarding managing their sexual attraction to supervisees?**), research question four (**Is there a direct association between supervisors' training and how they manage their sexual attraction to supervisees?**) and research question five (**Is there a direct association between supervisors' level comfort with sexual attraction to their supervisees and how they manage attraction towards**

supervisees?) among the predictors (sexual scripts, comfort and training) and outcome variable (supervisors' management of the attraction).

Finally, in the third section, a series of linear regression analyses were conducted to examine whether supervisors' sexual scripts, comfort, and training were significantly associated with the primary outcome variable, supervisors' management of their sexual attraction towards supervisees. In addition, for those questions which allowed for narrative responses, tables which summarized all narrative responses received have been provided.

Demographic Characteristics of Final Sample

The final sample for this study included 174 participants (see Table 4.1). One hundred and eighty nine respondents logged onto the survey website from February 10, 2015 to March 11, 2015. Six respondents did not click the "agree" button to participate in the study, so these 6 respondents could not be used in the study. One respondent completed less than 30% of the questions so it could not be used in the study. Additionally, 8 respondents were not eligible for this study because they were not AAMFT-approved supervisors or state-approved family therapy supervisors. Thus out of a total of 189 respondents, 174 participants (92%) who were either AAMFT-approved supervisors or state-approved family supervisors, completed the survey and checked the "agree" button, and were included in the final results of this study.

Table 4.1. Below summarizes the demographic profile of the 174 participants who had at minimum (70%) complete data. Approximately half were females (54%) and most identified themselves as heterosexual (88.5%), White (78.7%) and approximately half identified their religion as Christian (55.7%). Regarding age, 19% were less than 39 years

old, 21.8% were between 40 and 49 years old, 23% were between 50 and 59, (25.9%) were between 60 and 69 years old, (6.3%) were older than 70 years old; 7 participants did not identify their age in the survey. Approximately 60% (59.2%) identified their theoretical style of supervision as "integrative", (18.4%) reported their style as post-modern, and approximately (5%) each identified their styles as Bowenian, Structural, Strategic, or Contextual. Regarding years of experience as a clinical supervisor, (35.6%) had less than 10 years experience, (41.4%) had between 11 and 21 years, 15.5% had 22 to 30 years, and 6.3% had more than 31 years of clinical experience as a supervisor; 2 participants did not complete this part of the survey. Finally regarding sexual scripts, (59.2%) reported being liberal, (24.7%) reported being traditional, and (10.9%) reported being conservative or religious; 9 participants did not complete this part of the survey.

Table. 4.1. Demographic Characteristics of Participants

	Frequency	Percent	Valid Percent	Cumulative Percent
Female	94	54	54	54
Male	80	46	46	100
Heterosexual	154	88.5	88.5	88.5
Bisexual	9	5.2	5.2	93.7
Homosexual	3	1.7	1.7	95.4
Lesbian	5	2.9	2.9	98.3
Other	3	1.7	1.7	100
White	137	78.7	78.7	81.6
Black or African-American	9	5.2	5.2	86.8
Hispanic or Latino/a	4	2.3	2.3	89.1
Asian	2	1.1	1.1	90.2
Mixed	9	5.2	5.2	94.5
Native-American or Hawaiian	3	1.7	1.7	97.1
Other	5	2.9	2.9	2.9
Less than 39 years old	33	19	19	19.8
40-49 years old	38	21.8	21.8	42.5
50-59 years old	40	23	23	66.5
60-69 years old	45	25.9	25.9	93.4
Older than 70 years	11	6.3	6.3	100
Missing	7	4	4	36
Less than 10 years as a supervisor	62	35.6	35.6	77.9
11-21 years as a supervisor	72	41.4	41.4	93.6

21-30 years as a supervisor	27	15.5	15.5	100
More than 31 years as a supervisor	11	6.3	6.3	6.3
Missing	2	1.1	1.1	
Bowenian	9	5.2	5.2	5.3
Structural	12	6.9	6.9	12.3
Strategic	7	4	4	16.4
Contextual	8	4.6	4.6	21.1
Post-modernism	32	18.4	18.4	39.8
Integrative	103	59.2	59.2	100
Missing	3	1.7	1.7	
Liberal sexual scripts	103	59.2	59.2	62.4
Traditional sexual scripts	43	24.7	24.7	88.5
Conservative/religious sexual scripts	19	10.9	10.9	100
Missing	9	5.2	5.2	

Descriptive Statistics for Predictor and Outcome Variables

Scales were created for the following four constructs examined in this study: 1) sexual scripts, 2) comfort, 3) training, and 4) management. Before creating each scale, questions that assessed each construct were examined in a reliability analysis: (1) sexual scripts: questions 9 through 14; (2) comfort: questions 15, 16, and 22; (3) training (questions 17, 18, and 19); and (4) management: questions 20, 21, 23, 24 and 25 (see appendix F for how questions were coded and grouped together). Due to the novelty of these scales which had no prior psychometric information, internal reliability (Chronbach alphas) was evaluated for all variables (sexual scripts, comfort, training and management) to first determine if they fit together.

Sexual Scripts Scale

The sexual scripts scale included 6 questions (# 9 to 14). In the first question, supervisors were asked to identify their sexual scripts: 1) liberal, 2) traditional or 3) conservative/religious; these categories are the most cited sexual scripts in the literature (Luquis, Brelsford, & Rojas-Guyler, 2012; Ward, 2003). Each of the 6 questions asked

about sexual beliefs associated with one of the 3 types of sexual scripts (liberal, traditional, or conservative/religious) based on a review of sexual scripts literature (Luquis, Brelsford, & Rojas-Guyler, 2012; Ward, 2003).

The mean and standard deviation for the sexual scripts scale total score were 1.98 and 1.79, respectively. The Cronbach alpha for the sexual scripts total score was 0.37, which is low. Further, if the first item of the scale (question 9, sexual values) was deleted, the Cronbach alpha was even lower at 0.32. If the second item of the scale (question 10, beliefs on same sex attraction) was deleted, the Cronbach alpha further decreased to 0.26. If the third item of the scale (question 11, double standards: women and men judged differently for the same behavior) was deleted, the Cronbach alpha score was 0.36. If the fourth item of the scale (question 12, women are the gatekeepers of sex) was deleted, the Cronbach alpha was 0.36. If the fifth item of the scale (question 13, men struggle to contain their attraction) was deleted, the Cronbach alpha score was 0.33. Finally, if the sixth item of the scale (question 14, women struggle to contain their attraction) was deleted, the Cronbach alpha would be 0.36.

Unfortunately, the reliability for this script scale was lower than alphas reported in previous sexual scripts studies. For example, Ward (2003) reported a Cronbach alpha of 0.66, with factor analyses yielding the following results: scale that measures views of men, such as “men are sex-driven creatures”, which had 7 items (F= 0.71); scale that measures views of women, such as “women are the gate keepers of sex”, which had 8 items (F= 0.76); and scales that measure “traditional courtship norms”, which had 5 items (F= 0.69). Yet, one of the main differences between previous studies and this study is that this study was designed to examine sexual scripts with a professional adult sample. Thus,

the lower alpha or reliability for the script scale in this study may be attributed to the difference in the characteristics of the population studied. Further, unlike this study, previous sexual scripts studies did not incorporate all sexual scripts together.

Training Scale

The training scale included 3 items. The three questions in the training scale assessed different areas of training, including: 1) frequency of the discussion of sexual attraction (question 17), 2) normalization of sexual attraction (question 18), and 3) focus on the "self of the therapist" (question 19). These three areas have been identified in the sexual attraction literature as important for therapists to manage their sexual attraction towards clients. Since therapists and supervisors have similar training experiences, each of these 3 areas was also explored in this study. There was no previous psychometric information for this scale. Thus, this is the first attempt to combine all three of these training areas together.

The mean and standard deviation for the training scale total score were 5.7 and 2.4, respectively. The Cronbach alpha for the training scale total score was 0.66, which is a bit low but acceptable. If the first item of the scale (question 17, frequency of addressing sexual attraction) was deleted, the Cronbach alpha decreased to 0.37. If the second item of the scale (question 16, normalization of the sexual attraction) was deleted, the Cronbach alpha score was 0.56. If the third item of the scale (question 17, focus on the "self of the therapist") was deleted, the Cronbach alpha score was be 0.66.

Comfort Scale

The comfort scale was included the following three items: (1) supervisors' comfort (feeling less emotionally reactive) in acknowledging their sexual attraction

towards supervisees (question 15); (2) supervisors' comfort when sexually attracted to supervisees (question 16); and (3) supervisors' comfort with consulting supervisors or colleagues whom they trust about their sexual attraction towards supervisees (question 22). These three items have been identified in previous sexual attraction literature (Pope, 2000; Elliott, Loewenthal, & Greenwood, 2007; Rodgers, 2011). Yet, there was no previous psychometric information for this scale. Again like the other scales, this study is the first attempt to combine all three of these comfort items together.

The mean and standard deviation for the comfort scale total score was 3.17 and 1.25, respectively. The Cronbach Alpha for the comfort scale total score was 0.12, which was very low. If the first item of the scale (question 15, acknowledging the attraction) was deleted, the Cronbach alpha would be 0.23. If the second item of the scale (question 16, less emotional reactivity) was deleted, the Cronbach alpha would be -0.19. If the third item of the scale was deleted (question 22, comfort to speak with a trusted colleague or supervisor), the Cronbach alpha score would be 0.21.

Management Scale

The management scale included the following five items: (1) management of sexual attraction towards supervisees based on the supervisors' personal opinions (question 20); (2) management of the attraction based on the supervisors' professional opinions (question 21); (3) management of the attraction based on supervisors' comfort with the genders of the supervisees (question 23); (4) management of the attraction based on the supervisors' comfort with the sexual orientations of the supervisees (question 24); and (5) management of the attraction based on the supervisors' concerns that the attraction is misperceived as sexual harassment (question 25). All of these variables were

identified in a review of both sexual attraction and sexual scripts literature (Celenza, 2006; Fisher, 2004; Pope, 2000).

The mean and standard deviation for the management scale total score was 6.4 and 1.3. The Cronbach alpha for the management scale total score was -0.18. Moreover, if the first item of the scale (question 20, management of the attraction based on the supervisors' personal opinions) was deleted, the Cronbach alpha would be -0.15. If the second item of the scale (question 21, management of the attraction based on the supervisors' professional opinions) was deleted, the Cronbach alpha score would be 0.01. If the third item of the scale was deleted (question 23, management of the attraction based on supervisors' comfort with the genders of the supervisees), the Cronbach alpha would be -0.39. If the fourth item of the scale was deleted (question 24, management of the attraction based on supervisors' comfort with the sexual orientations of the supervisees), the Cronbach alpha score would be -0.20. If the fifth item of the scale was deleted (question 25, management of the attraction based on the supervisors' concerns with the attraction being misperceived as sexual harassment), the Cronbach alpha score would be -0.05. Coding was checked several times and the reliability was still negative, suggesting that these items do not belong to a subscale. The negative alpha may be attributed to having only weak to very weak correlations (and sometimes negative) among the variables in this scale. Moreover, the alpha value may be negative because the mean of the inter-item correlations is also negative.

Since the scales for sexual scripts, comfort, training, and management did not have good reliability, they did not fit together as single constructs. Thus, scales were not used in this study for the correlations and regression analyses. Instead individual items

for the predictor variables (scripts, training and comfort) were analyzed separately to explore whether they were associated with each one of the five items of the outcome variables (management of the sexual attraction). Table 4.2 below summarizes the descriptive statistics for each scale.

Table 4.2. Descriptive Statistics for Predictor and Outcome Variables

Predictor Variables	M	SD	Min	Max	Alpha
Sexual Scripts Scale	1.98	1.79	.183	.500	.37
Training Scale	5.7	2.4	1.2	2.6	.66
Comfort Scale	3.17	1.25	.69	1.6	.12
Outcome Variable	M	SD	MIN	MAX	Alpha
Management Scale	6.4	1.3	.69	1.7	-.18

Correlations for Predictor and Outcome Variables

In order to address the first research question in this study, **"*Is there an association between supervisors' sexual scripts (which are influenced by socio-cultural messages) and supervisors' reported feelings of comfort with their sexual attraction towards supervisees?***," bivariate correlations were conducted to determine whether socio-cultural predictors (gender, sexual orientation, age and years as a supervisor) were associated with the three types of sexual scripts (liberal, traditional, or conservative/ religious).

Specifically, bivariate correlations between supervisors' self-identified sexual scripts (question 9), corresponding beliefs of these sexual scripts (question 10, which measure heteronormativity; question 11, which measures double standards; and questions 12, 13, and 14, which measure the views of men and women), and comfort variables (question 15, acknowledgment of the attraction; question 16, less emotional reactivity; and question 22, comfort to seek help) are summarized in Table 4.3 below.

Table 4.3. Correlations between Sexual Scripts and Socio-cultural Variables

Variable	Self-Identified Sexual Scripts (q9)	Same sex attraction (q10)	Men and women judged differently (q11)	Women gatekeepers of sex (q12)	Males struggle with sexual attraction (q13)	Women struggle with sexual attraction (q14)
Gender	.**175*** (N= 165)	.120 (N=158)	.008 (N=171)	-.016 (N=158)	-.076 (N=159)	.079 (N=160)
Sexual Orientation	.**201*** (N=165)	-.105 (N=158)	-.025 (N=171)	-.059 (N=158)	-.105 (189)	-.112 (N=160)
Ethnicity	-.067 (N=161)	-.097 (N=155)	-.050 (N=167)	-.032 (N=154)	-.142 (N=156)	-.164* (N=152)
Religion	**-.363**** (N= 160)	**-.238**** (N= 153)	.029 (N= 166)	-.119 (N= 154)	.166* (N= 155)	.127 (N= 156)
Age	.095 (N= 159)	.041 (N= 153)	.043 (N= 165)	.106 (N=152)	.127 (N=154)	.066 (N=155)
Years as a Supervisor	.047 (N= 163)	.064 (N=156)	.083 (N=168)	-.092 (N=155)	.011 (N=157)	.127 (N=156)
Comfort Acknowledge (q 15)	-.0.43 (N=160)	.007 (N=154)	.026 (N=165)	-.030 (N=152)	-.030 (N=152)	.076 (N=154)
Comfort less emotional reactivity (q 16)	-.041 (N=109)	-.136 (N=106)	-. 055 (N=112)	.002 (N=101)	**-.252*** (N= 104)	.135 (N= 112)
Comfort to seek others (q 22)	-.008 (N=157)	-.059 (N= 151)	.053 (N=163)	-.030 (N=150)	-.030 (N=154)	.006 (N=161)

*p< .05 **p< .01

Gender, sexual orientation, and religion of supervisors had low to moderate correlations with supervisors' self-reported sexual scripts reported in question 9 (gender: r = .175, p =.022; sexual orientation: r = .201, p =.010; and religion: r = -.363, p= .000). These results suggest that supervisors who identified with more conservative/religious sexual scripts tend to be being male, heterosexual, and not Christian.

A second set of correlations between supervisors' socio-cultural variables and supervisors' sexual beliefs (questions 10, 11, 12, 13 and 14) suggest there is a weak association between supervisors' religion and their sexual beliefs. These results suggest that non-Christian supervisors tend to endorse more heteronormative beliefs regarding same sex attraction (such as same sex attraction is unnatural or against the supervisors' religious values, question 10) ($r = -.238$, $p = .001$), and Christian supervisors tend to endorse more traditional views of men, such as the belief that men do struggle with their sexual attraction ($r = .166$, $p = .007$).

Additionally, supervisors' ethnic group was associated with supervisors' views of women, ($r = -.164$, $p = .040$). This suggests the more supervisors tend to identify with a minority ethnicity, the less they tend to view women as struggling with containing their sexuality. Regarding self-reported sexual scripts and beliefs, one negative moderate correlation was found between supervisors who believed men tend to struggle to contain their attraction towards supervisees (question 13) and supervisors' comfort with their sexual attraction (question 16). This correlation suggests supervisors who believe men struggle to contain their sexual attraction tend to feel less emotionally reactive (more comfortable) with their own attraction towards supervisees (question 16) ($r = -.252$, $p = .010$).

Overall, these results suggest the more supervisors identify with conservative religions, the more they tend to endorse sexual beliefs that support heteronormativity and more traditional gendered beliefs. This is consistent with the literature on sexual scripts (Crawford & Popp, 2003; Dean, 2011; Marks & Fraley, 2005). The other socio-cultural

variables (age, and years as a supervisor), however, were not associated with supervisors' sexual scripts, sexual beliefs or comfort with attraction.

Supervisors' ethnicity also seems to be associated with supervisors' views of women; the more supervisors identified with a minority ethnicity, the less they tended to believe women struggled with their sexuality ($r = -.164$, $p = .040$). Additionally, supervisors who believed men struggle to contain their attraction towards supervisees tended to feel less emotionally reactive (more comfortable) with their own attraction towards supervisees ($r = -.252$, $p = .010$). Nevertheless, the other sexual belief variables (questions 10, 11,12, and 14) were not associated with any other variables that measure supervisors' comfort with attraction (questions 15 and 22).

In order to address the second research question, **"*Is there an association between training and the comfort of supervisors with sexual attraction towards their supervisees and how they manage such attraction?*,"** correlations between supervisors' training (17, 18, and 19) and supervisors' comfort with sexual attraction (15, 16, and 22) were calculated. The correlations between each training question (frequency of discussion of sexual attraction (question 17), normalization of sexual attraction (question 18), and specific training on the "self of the therapist" (question 19), and each comfort question (acknowledgement of the attraction (question 15), being less emotionally reactive when feeling attraction (question 16), and being comfortable to speak or consult with another supervisor or colleague about the attraction (question 22) were calculated to explore whether there was an association between training and comfort (see Table 4.4 below).

Table 4.4. Correlations between Training and Comfort Variables

Variable	Acknowledge the attraction (q 15)	Comfortable with sexual attraction (q16)	Comfortable to speak with a supervisor (q 22)
Training Frequency of discussion about sexual attraction (q 17)	-.110 (N = 135)	-.083 (N= 138	.**228****(N=157)
Training Normalizatio n of the sexual attraction (q18)	.**247**** (N= 157)	.**258**** (N= 134	.**198*** (N=154)
Training that focuses on the self-of-the-therapist (q19)	.053 (N=167)	.173 (N= 113)	.121 (N= 165)

*p< .05 **p< .01

According to table 4.4 there are 4 weak to moderate correlations between supervisors' training experiences and comfort with their own sexual attraction towards supervisees, 2 weak correlations between supervisors' training and management of the sexual attraction, and 2 weak correlations between supervisors' comfort and management of the attraction.

Training that includes frequent discussions of sexual attraction (question 17) was associated with supervisors' comfort talking to a trusted colleague or supervisor about their attraction (r = .228, p =.003) (question 22). Training that normalized sexual attraction (question 18) was associated with three variables that measured supervisors' comfort with their attraction towards supervisees: (1) acknowledgement of their own sexual attraction towards supervisees (question 15) (r = .247, p = .002), (2) supervisors experiencing less emotional reactivity when attracted to supervisees (question 16) (r =

.258, p = .006), and (3) supervisors reporting feeling comfortable with talk to a colleague or supervisor whom they trust about their attraction towards supervisees (question 22) (r = .198, p = .012).

These results suggest training is associated with supervisors' comfort with their sexual attraction towards supervisees. Supervisors who reported receiving more training that addresses sexual attraction was associated with supervisors being more comfortable talking to trusted colleagues or supervisors about their attraction. Similarly, supervisors who reported receiving more training that normalized sexual attraction was associated with supervisors being more comfortable acknowledging their attraction, feeling less emotionally reactive, and feeling more comfortable consulting trusted colleagues or supervisors about their attraction.

Additional Correlations

In order to answer the third, fourth and fifth research questions, additional correlations were calculated to examine direct associations between the following constructs and supervisors' management of sexual attraction towards supervisees: (1) supervisors' sexual scripts; (2) supervisors' training; and (3) supervisors' comfort with how they manage their own attraction towards supervisees. Correlations between each variable and management were calculated to determine whether there was any direct effect of scripts, training, and comfort on management.

Sexual Scripts and Management

In order to answer the third research question, ***Is there a direct association between supervisors' sexual scripts and their decision-making regarding managing their sexual attraction to supervisees?***, correlations between sexual scripts (questions 9,

10, 11, 12, 13 and 14) and management of attraction (questions 20, 21, 23, 24 and 25) were conducted. Specifically, correlations were conducted between (a) responses to each of the sexual scripts questions: supervisors self-identified sexual scripts (question 9), heteronormaitvity (question 10), double standards (question 11), views of women (questions 12 and 14) and views of men (question 13) and (b) each of the five management variables: management of the attraction based on life experience (question 20), management of the attraction based on professional opinion (question 21), management of the attraction based on gender (question 23), management of the attraction based on sexual orientation (question 24), and management of the attraction based on the worry of misperception of actions as sexual harassment (question 25*)*. The correlations between sexual scripts and comfort are summarized in Table 4.5 below.

Table 4.5. Correlations between Sexual scripts and Management Variables

Variable	Self-Identified Sexual Scripts (q9)	Same sex attraction (q10)	Men and women judged differently (q11)	Women gatekeepers of sex (q12)	Males struggle with sexual attraction (q13)	Women struggle with sexual attraction (q14)
Management personal opinion (q20)	**-.264**** (N=140)	-.142 (N=135)	-.138 (N=145)	-.074 (N=133)	.031 (N=139)	-.037 (N=140)
Management Professional opinion (q21)	-.158 (N=1320	-.039 (N=128)	-.074 (N=133)	.102 (N=127)	.060 (N=129)	.041 (N=120)
Management based on gender (q23)	.013 (N=152)	.091 (N=144)	-.011 (N=157)	**-.194*** (N=146)	-.089 (N=147)	-.123 (N=148)
Management based on sexual orientation (q24)	.120 (N=152)	-.031 (N=147)	-.053 (N=158)	-.095 (N=146)	.114 (N=147)	.071 (N=149)
Management based on	.075	.131	-.010	-.074	-.034	-.087

sexual harassment (q25)	(N=148)	(N=144)	(N=154)	(N=142)	(N=145)	(N=145)

*p< .05 **p< .01

Table 4.5 suggests that there are 2 negative weak correlations between supervisors' sexual scripts and management of their attraction towards supervisees. Results suggest supervisors who identified with more liberal sexual scripts (question 9) tend to report managing their attraction to supervisees by consulting with a supervisor or colleague (question 20) ($r = -.216$, $p = .002$). Additionally, supervisors who believe that women are gatekeepers of sex (question 12) tended to report feeling less comfort with managing their attraction towards supervisees of the opposite sex (question 23) ($r = -.194$, $p = .019$). Overall, results suggest supervisors who identified with liberal sexual scripts tended to manage their attraction by consulting with a supervisor or colleague, which is consistent with the sexual scripts literature, and, to a certain extent, the sexual attraction literature. Specifically, this concept appears to explain how sexual scripts affect behavior as supervisors with liberal sexual scripts are more comfortable in speaking about their sexual attraction than supervisors with conservative or religious sexual scripts. For example, studies about clergy's sexual attraction to congregants have consistently reported less attraction and more coping with the attraction on their own than therapists in the mental health field (Meek, McMinn, Burnett, Mazzarella and Voytenk (2004).

Training and Management

In order to answer the fourth research question, ***Is there a direct association between supervisors' training and how they manage their sexual attraction to supervisees*?**, correlations were calculated between supervisors' training experiences (questions 17, 18, and 19) and how supervisors manage their sexual attraction towards

supervisees (questions 20, 21, 23, 24 and 25). Specifically, correlations between the following were conducted: (a) responses to each of the training questions: frequency of discussion of sexual attraction (question 17), normalization of the sexual attraction (question 18), and specific training on the self of the therapist (question 19), and (b) the responses to the five questions that measure supervisors' management of the attraction: management of the attraction based on life experience (question 20), management of the attraction based on professional opinion (question 23), management of the attraction based on gender, management of the attraction based on sexual orientation (question 24), and management of the attraction based on the worry of the attraction being misperceived as sexual harassment (question 25). The correlations between supervisors' training and management of the attraction are summarized in Table 4.6 below.

Table 4.6.Training and Management Variables

Variable	Management Personal opinion (q 20)	Management Professional opinion (q 21)	Management Based on gender (q 23)	Management based on sexual orientation (q 24)	Management and sexual harassment (q 25)
Training Frequency of discussion about sexual attraction (q 17)	-.110 (N = 135)	-.083 (N= 138	**.196*** (N=157)	-.103 (N=158)	.040 (N= 154)
Training Normalization of the sexual attraction (q 18)	-.083 (N= 157)	-.111 (N= 134	.066 (N=154)	-.040 (N=155)	.010 (N= 150)
Training that focuses on the self-of-the-therapist (q19)	.003 (N=157)	.063 (N= 139)	**.174*** (N= 159)	-.050 (N= 160)	-.125 (N= 156)

*p< .05 **p< .01

Table 4.6 indicates that there are 3 weak correlations between training and management.

Specifically, results suggest frequent discussions of sexual attraction (question 17) and training focused on "self of the therapist" (question 19) had a low association with how supervisors' tended to manage their sexual attraction towards supervisees regarding the gender of the supervisee (question 23). Supervisors who reported receiving more training that was focused on discussions about sexual attraction (question 17) tended to feel more comfortable managing their sexual feelings towards supervisees who are of the opposite gender (question 23) ($r = .196$, $p = 0.14$). Supervisors who reported receiving more training on "self of the therapist" (question 19) tended to be more comfortable managing their attraction towards supervisees who are of the opposite gender (question 23) ($r = .174$, $p = .028$).

In summary, some supervisors appear to have received training that normalizes sexual attraction between supervisors and supervisees. These supervisors, in turn, tended to report feeling more comfortable managing attraction towards supervisees who are of the opposite gender. These results are consistent with a heteronormative perspective, suggesting that a lack of training in sexual attraction that does not follow the hetero norm.

Comfort and Management

In order to address the fifth and final research question, ***Is there a direct association between supervisors' level comfort with sexual attraction to their supervisees and how they manage attraction towards supervisees?***, correlations between comfort (questions 15, 16, and 22) and management (questions 20, 21, 23, 24, and 25) were conducted. Specifically, correlations between each of the following were conducted: (a) responses to the following questions concerning supervisors' comfort (i.e., feeling less emotionally reactive): comfort in acknowledging sexual attraction towards supervisees

(question 15) (2) comfort when sexually attracted to supervisees (question 16), and (3) comfort with consulting supervisors or colleagues whom they trust about their sexual attraction towards supervisees (question 22) and (b) responses to each of the five management questions: management of attraction based on personal opinion (question 20), management of attraction based on professional opinion (question 21), management of attraction based on the supervisees' gender (question 23) , management of attraction based on the supervisees' sexual orientation (question 24), and management of attraction based on concern that attraction may be misperceived as sexual harassment (question 25). The correlations between comfort and management are presented on Table 4.7 below.

Table 4.7. *Comfort and Management*

Variable	Comfort to acknowledge the attraction (q15)	Comfortable with sexual feelings (q16)	Comfortable to speak to a supervisor or colleague (q 22)
Management Personal opinion (q 20)	.**219**** (N=144)	-.043 (N=99)	.011 (N=143)
Management Professional opinion (q 21)	-.046 (N=136)	-.032 (N=96)	.044 (N=136)
Management Based on gender (q 23)	-.047 (N=154)	-.05 (N=106)	.**193*** (N=154)
Management based on sexual orientation (q 24)	.090 (N= 155)	.033 (N=104)	.079 (N=154)
Management and sexual harassment (q 25)	.022 (N=150)	-.062 (N=106)	-.081 (N=150_

*p< .05 **p< .01

Results suggest supervisors who are more comfortable acknowledging their attraction towards supervisees (question 15) tend to manage their attraction by consulting

with their supervisors or colleagues (question 20) (r =.219, p =.008). Supervisors who are more comfortable talking to a supervisor or colleague whom they trust (question 22) tended to feel more comfortable managing their attraction towards supervisees of both opposite gender (question 23) (r = .193, p = .016).

Taken together, the correlations between comfort and management suggest supervisors who reported being comfortable acknowledging attraction towards supervisees tended to manage their attraction by consulting with trusted supervisors or colleagues. Moreover, supervisors seem to feel more comfortable managing their feelings of sexual attraction towards supervisees who are the opposite gender.

Regression Analysis

Since all of the management variables could not be grouped together due to the low reliability of the scale, linear regressions were calculated using variables that exhibited statistically significant correlations between management and the predictors (sexual scripts, training, and comfort).

Based on supervisors' sexual scripts and the values associated with these scripts, 2 weak and negative correlations were found. The first correlation was between supervisors' self-identified sexual scripts (question 9) and supervisors' personal opinions on how to manage attraction towards supervisors (question 20). The second correlation was between the supervisors' belief that women are the gatekeepers of sex (question 12) and the supervisors' comfort in managing their attraction towards supervisees based on the supervisees' genders (question 23).

Using sexual scripts (question 9) as the predictor, and supervisors' personal opinions regarding how to manage the attraction (question 20) as the dependent variable,

a simple linear regression model was calculated to predict supervisors' management of their sexual attraction towards supervises. The regression equation was not significant (F (1, 138)=10.3 p<. 05), with an R^2 of .07.

Additionally, a second linear regression was calculated to predict supervisors' management of their sexual attraction towards supervises based on the supervisees' gender (question, 23), specifically based on the supervisors' belief about women being the gatekeepers of sex (question, 12). Again, the regression equation was not significant (F (1,144)= 5.6 p<. 05) with an R^2 of .037.

For training and management, only two training variables (frequency of the discussion about sexual attraction (question 17) and training on the "self of the therapist (question 19)) correlated significantly with supervisors' comfort in managing their attraction towards supervisees based on the supervisees' genders (question 23). These correlations were weak.

A simple linear regression model was calculated to predict supervisors' management of their sexual attraction towards supervises, specifically based on supervisors' training that frequently discusses sexual attraction (question 17) and training that focuses on the "self of the therapist" (question 19). Not surprisingly, the regression equation was not significant, (F (2,154)=3.8, p<. 05), with an R^2 of .035.

Next, only two comfort variables (acknowledgement of the attraction (question 15) and comfort in speaking to a supervisor or colleague about the attraction (question 22)) were found to be associated with management (supervisors' personal opinions about how to manage the attraction (question 20) and supervisors' comfort with managing their

attraction towards supervisees based on the supervisees' genders (question 23), respectively.

A final simple linear regression was calculated to predict supervisors' management of their sexual attraction towards supervises (question 20) based on the supervisors' comfort with the sexual attraction (question 15) and their comfort in speaking to a supervisor or colleague about the attraction (question 22), and supervisors' comfort with managing their attraction towards supervisees based on the supervisees' genders (question 23). Again, this regression equation was not significant ($F(2,138) = 4.16$, $p < .05$) with an R^2 of .057.

In order to explore whether sexual scripts, comfort or training was directed associated with supervisors' management of sexual attraction towards supervisees, the variables which had the highest correlations with the five management parameters were analyzed in linear regression models. Yet, the results produced very low r-squared values (ranging from .07 to .057), indicating little, if any, explanation of the variance in the management parameters. As a result, linear regression models could not be used to examine how supervisors manage their sexual attraction towards supervisees. In future studies, other variables should be explored in lieu of or in combination with the variables addressed in this study to improve the predictability of management through regression models.

Open Ended Responses

Some participants checked "other" as their responses to 11 questions in the survey (questions 10, 13, 14, 15, 16, 20, 21, 22, 23, 24, and 25) and provided "narrative" responses to such questions. Each of one of these questions is listed below, and includes a

table thereafter that summarizes the themes in the participants' responses to the corresponding question. Accordingly, Tables 4.8 to 4.19 below summarize the themes in the participants' responses to these questions. A table which includes the participants' full narrative responses is included in appendix (G).

Table 4.8. What do you believe same sex attraction is? (Question, 10)(N=13)

Reality	6 (3.4%)
Biological differences or trauma	3 (1.7%)
Confused or uncertain	2 (1.1%)
Immoral	2 (1.1%)

As shown on Table 4.8 above, 3.4% of participants reported that they believe that same sex attraction is part of reality. However, 1.7% of participants believe that same sex attraction is due to biological differences or trauma as a supervisor responded to this question as follows: *"A myriad of factors dependent on each person's background. Unfulfilled needs and rejection from a primary caretaker; trauma; brokenness; biological wiring..."* A few participants (1.1%) reported being confused or uncertain about their own beliefs of same sex attraction. For example, one of the participants wrote: *"Still an evolving questions for me."* Another small group of participants (1.1%) reported that same sex attraction is immoral.

Table 4.9. Do you believe that most male supervisors struggle to contain their sexual attraction towards supervisees? (Question, 13) (N=9)

Sometimes	4	(2.3%)
Unique for each person	2	(1.1%)
Adherence to ethical Guidelines	2	(1.1%)
Male socialization	1	(0.6%)

As indicated on Table 4.9 above, 2.3% of participants reported that they believe that male supervisors sometimes struggle to contain their sexual attraction towards

supervisees. However, participants also believe that whether or not male participants struggle to contain their sexual attraction towards supervisees is unique to each supervisor's experience (1.1%). Similarly, a small percentage of supervisors (1.1%) also believe that therapists code of ethics guide male supervisors in their struggles to contain their sexual attraction towards supervisees. For example, a supervisor stated: "*At times I believe there are urges, but ethical therapists must adhere to the code of ethics*." Moreover, one supervisor (0.6%) believed that male socialization plays a role in whether or not most male supervisors struggle to contain their attraction towards supervisees. This supervisor wrote: "*I don't know, but given male socialization, I can imagine that they may struggle."*

Table 4.10. Do you believe that most female supervisors struggle to contain their sexual attraction towards supervisees? (Question, 14) (N= 9)

Not as much as males	4	(2.3%)
Sometimes	2	(1.1%)
Unique to each person	2	(1.1%)
Manifested differently based on culture	1	(0.6%)

Table 4.10 above shows that 2.3% of participants reported that female supervisors do not struggle with sexual attraction towards supervisees as much as male supervisors struggle with attraction towards supervisees. For example, one supervisor wrote: "*Perhaps not as much as males—but this viewpoint is informed by my traditionalism*." On the other hand, 1.1% of participants reported that sometimes female supervisors do struggle with their sexual attraction towards supervisees. Moreover, a small amount of participants reported that sexual attraction is unique to each person (1.1%). Additionally, one supervisor

explained that female sexual attraction is manifested differently based on one's culture (0.6%).

Table 4.11 Have you ever been sexually attracted to a supervisee? (Question, 15) (N=5)

Physically yes, but not Sexually	3 (1.7%)
Extremely rare	1 (0.6%)
Slightly	1 (0.6%)

Table 4.11 above indicates that 1.7% of participants reported that they have felt physically attracted, but not sexually attracted to a supervisee. For example, one supervisor stated: "*Not really, I have found some supervisees attractive, but [I] have not been sexually attracted to them*." One supervisor (0.6%) reported that it is extremely rare for him (or her) to be sexually attracted to a supervisee, and one supervisor (0.6%) reported that he (or she) felt slightly attracted to a supervisee. The latter supervisor responded regarding whether he (or she) ever felt attracted to a supervisee: "*Slightly, depending on how you define attraction - which you haven't [defined] for the purposes of this study."*

Table 4.12.In your opinion, being sexually attracted to a supervisee would interfere with your relationship with the supervisee by making you feel….?(Question, 16) (N=23).

It does not interfere	17 (9.8%)
Unethical	3 (1.7%)
Lose focus	2 (1.1%)
Guilt	1 (0.6%)

Table 4.12 above demonstrates that 9.8% of supervisors reported that sexual attraction towards a supervisee would not interfere with supervision with the supervisee. For example, one supervisor wrote: "*It would not [interfere]. Her [(i.e., the supervisee's)]*

career and learning is important. Temporary feelings should be set aside in favor of focusing on the client and on learning. Then, those feelings should become inconsequential. After all, we are supposed to model restraint and the well being of others." Another supervisor wrote*: "No way it would interfere; I would appropriately manage my attraction as is my responsibility."* Some supervisors' reported that sexual attraction is unethical (1.7%) as one supervisor definitively stated*: "[Sexual attraction] is dishonorable and unethical."* Another group of supervisors explained that they might lose focus if sexually attracted to a supervisee (1.1%). Finally, one supervisor (0.6%) wrote that he (or she) would feel guilty if his (or her) sexual attraction towards a supervisee were to interfere with supervision with the supervisee.

Table 4.13. Based on your life experience, values, and training, how do you or would you manage your sexual attraction towards a supervisee when the attraction is interfering with supervision? (Question, 20) (N= 13)

All of the above in escalating order	7	(4.0%)
Ignore	4	(2.3%)
Acknowledge to myself	2	(1.1%)

As shown in Table 4.13 above, 4.0% of supervisors reported that they would consult with a supervisor or colleague, openly address the topic in supervision, and transfer the supervisee to another supervisor if their sexual attraction towards a supervisee interfered with supervision, depending on the intensity of the attraction. For example, one supervisor wrote: "*All of the above could work depending on the situation."* A smaller percentage of supervisors reported that they would ignore their attraction towards supervisees (2.3%). Last, an even smaller group of supervisors reported that they would acknowledge to themselves their sexual attraction towards supervisees (1.1%).

Table 4.14. In your professional opinion, what resources make or would make a difference for you to manage your feelings of sexual attraction towards a supervisee? (Question, 21) (N=9)

All of the above	5	(2.9%)
Self-of-the-therapist training and ethics	3	(1.7%)
Self-assessment	1	(0.6%)

As results indicated in Table 4.14 above, 2.9% of supervisors reported that "self of the therapist training" and ethics, supervision, and ethical codes make a difference to them in managing their sexual attraction towards supervisees. Moreover, (1.7%) of supervisors indicated that "self of the therapist" training and ethics represent sufficient resources to make a difference in how they manage their sexual attraction towards supervisees. Additionally, a small percentage of supervisees (0.6%) reported that self-assessment is an important resource to manage sexual attraction towards supervisees.

Table 4.15. How comfortable do you feel to speak with a supervisor or colleague about being sexually attracted to a supervisee? (Question, 22) (N= 5).

Comfortable depending on level of trust	2	(1.1%)
Comfortable depending on confidentiality	2	(1.1%)
Not comfortable at work	1	(0.6%)

Table 4.15 above shows that 1.1% of supervisors reported that they would feel comfortable in speaking with a supervisor or colleague about being sexually attracted to a supervisee, depending on how much they trust such colleague or supervisor. Similarly, 1.1% of supervisors reported that they would feel comfortable in speaking with a supervisor or colleague, depending on whether such consultation would be kept confidential. For example, one supervisor wrote: "*I would likely talk with a therapist or*

mentor where I am more assured of confidentiality." Last, one supervisor (0.6%) reported that he (or she) would not feel comfortable in speaking with a supervisor or colleague at work about his (or her) sexual attraction towards a supervisee. The supervisor wrote: *"I would feel comfortable talking to a colleague or supervisor whom I trust. BUT, it would not be where I work. It might be seen as unprofessional."*

Table 4.16. Does the gender of the supervisee affect the way you feel or would feel about managing your sexual attraction towards the supervisee when the attraction is interfering with supervision? (Question, 23) (N=6)

Never had same sex attraction	2 (1.1%)
Sexual attraction does not interfere with supervision	2 (1.1%)
Unethical	1 (0.6%)
Comfortable with both genders	1 (0.6%)

As far as managing their attraction to supervisees, as demonstrated in Table 4.16 above, 1.1% of supervisors reported that they never had same sexual attraction towards supervisees of the same sex. The same percentage of supervisors (1.1%) reported that sexual attraction towards supervisees does not interfere with supervision. Yet, 0.6% of supervisors stated that sexual attraction towards supervisees was unethical. For example, one supervisor wrote: "*Even though I am heterosexual, regardless of gender, if you have a sexual attraction to your supervisee, you need to consult a supervisor and refer the supervisee to another supervisor. It is unethical, regardless of your sexual orientation."* Finally, one supervisor indicated that he or she is comfortable with both genders in supervision. This supervisor wrote: "*I feel comfortable with both genders, however there are still issues of gender expectation and hierarchy that need to be addressed in*

supervision. Having a supervision relationship where that relationship is 'discussable' is quite important."

Table 4.17. Does the sexual orientation of the supervisee affect the way you feel or would feel about managing your sexual attraction towards the supervisee when the attraction is interfering with supervision? (Question, 24) (N=12).

Not applicable to me	7 (4.0%)
Don't know	3 (1.7%)
Needs to be addressed immediately	1 (0.6%)
Uncomfortable with transgenders	1 (0.6%)

As far as sexual orientation, as shown in Table 4.17 above, 4.0% of supervisors reported that the sexual orientation of the supervisee did not affect the way they manage their sexual attraction towards the supervisee because they are not attracted to the same sex. Nevertheless, some supervisors reported that they do not know how to answer this question (1.7%). One supervisor (0.6%) reported that sexual attraction towards supervisees should be reported immediately. This supervisor wrote: "*Regardless of sexual orientation, sexual attraction to one's supervisee is problematic and needs to be addressed immediately."* Another supervisor reported that he (or she) was uncomfortable with transgenders.

Table 4.18. How concerned are you or would you be that your sexual attraction towards a supervisee may be misunderstood as sexual harassment?(Question, 25) (N=11).

Clarity	7 (4.0%)
Attraction is not action	3 (1.7%)
Ethical behavior as a decision	1 (0.6%)

As shown in Table 4.18 above, regarding 4.0% of supervisors reported that they are not concerned about their sexual attraction towards a supervisee being misperceived as sexual harassment because they are clear about their professional duties. For example, a supervisor wrote: "*There is less of a chance of any misunderstanding if supervisors are clear and open in their discussions about the topic*." Moreover, 1.7% of supervisors reported that sexual attraction towards a supervisee is not action, so there is no worry for attraction to a supervisee to be perceived as sexual harassment. One supervisor (0.6%) indicated that ethical behavior is a decision made when sexually attracted to a supervisee. The supervisor wrote: "*Ethical behavior is a decision. People know when you have made that decision."*

Taken together, supervisors' narratives are consistent with the literature review. For example, some supervisors (2.3%) reported that they believe female supervisors do not struggle as much as male supervisors with sexual attraction. This statement is consistent with the sexual scripts studies in which men were perceived to be more sexual than women (Ward, 2003). Moreover, some supervisors (2.9%) also reported that training on the "self of the therapist" was one of the resources that make a difference in managing attraction towards supervisees. Although small percentages were found, these findings are consistent with the literature.

CHAPTER SIX: DISCUSSION

Each hypothesis and corresponding result is discussed below in the context of the theory on which this dissertation study is based, sexual scripts (Simon and Gagnon, 1986). Prior research on sexual scripts, sexual attraction, gender, and sexual orientation in the context of therapy and supervision is used to explain some of the expected and unexpected findings in this study. Additionally, it is important to note that the survey developed for this study produced non-reliable scales. Since the subsections of the instrument used in this study did not have high alpha scores (indicating that the items did not converge well), independent items from each scale were used to test the research questions.

Research Question 1: Hypothesis 1

Is there an association between supervisors' sexual scripts (which are influenced by socio-cultural messages) and supervisors' reported feelings of comfort with their sexual attraction towards supervisees?

It was hypothesized that supervisors who are more aware of their own sexual scripts (liberal, traditional or conservative/religious) would report feeling more comfortable (e.g., decreased emotional reactivity) with feelings of sexual attraction towards their supervisees. Overall, correlations between awareness of sexual scripts and comfort in this study with marriage and family therapist supervisors supported the first hypothesis. For self-reported sexual scripts and beliefs, one negative moderate correlation was found between supervisors who tended to believe men struggle to contain their attraction towards supervisees (question 13) and supervisors' comfort with their sexual attraction (question 16). This association suggests supervisors who believe men tend to

struggle to contain their sexual attraction tend to feel less emotionally reactive (e.g., more comfortable) with their own attraction towards supervisees (question 16) ($r = -.252$, $p = .010$). This finding is also consistent with the "person of the therapist" model, which suggests individuals who are more in touch with their humanity tend to not defend against their feelings; these individuals tend to feel more comfortable with attraction. (Aponte & Winters, 1987). Additionally, the view of men struggling to contain their attraction reflects the same gender difference reported in previous studies regarding sexual attraction where male therapists reported feeling more attracted than female therapists to clients (Giovazolias & Davis 2001; Paxton, Lovett, & Riggs 2001; Rodgers, 2011), indicating a gender difference or the belief of a gender difference.

Although no prior studies have examined the role of sexual scripts in professional samples of providers, studies with adolescents and young adults suggest there is an association between awareness of sexual scripts and comfort with sexual topics. For example, some researchers have reported an association between religiosity and comfort with sexuality (more conservative religious beliefs are associated with less comfort with sexuality). For example, Paiva, Garcia, Rios, Santos, Terto, & Munõz-Laboy, (2010), defined religiosity as a guide that individuals use to practice religion in their daily lives. Religiosity affects individuals' socio-cultural values, which in turn, impact internalized scripts, sexual practices, and behaviors. Paiva, et. al, (2010) conducted a survey study with Brazilian adolescents and young adults between the ages of 13 and 25 (specific age breakdown was not reported) to examine the influence of religious practices on the sexual behaviors of adolescents and young adults. The sample (177 persons) was a purposeful sample, comprised of the three main religions in Brazil: Roman Catholics (37%),

Evangelicals (33%), and Candombles or Ubandas (29%). More females participated in the study (55%) than males (45%). The majority of participants identified as being white (56%), followed by black or brown (40%), Asian-Brazilian (2%) and Indigenous (1%). Results indicated that only 16% of young adolescents discussed feelings of sexuality with religious authorities. When probed for why they tended to refrain from more openly discussing their sexuality with religious authorities, adolescents reported feeling uncomfortable with the topic of sexuality. Kaestle & Allen, (2010) conducted a grounded theory study to examine how young adults learn about masturbation, and how they perceive masturbation. The sample was comprised of 72 college students who were enrolled in a human sexuality class. The majority of the sample was females (78%; 22% males). Participant ages ranged from 18 to 24. The racial profile of the sample was 72% White, 7% Asian, 4% African-American, 2% Hispanic, 2% International, 1% Native – American, and 12% unknown. Participants in this qualitative study reported how being raised in a religious household affected their views and comfort with the topic of sexuality. One female participant reported that "sexuality in any sense was considered a very inappropriate subject in the Mormon religion so nobody ever wanted to talk about it.... (pg.4)."

Yet, the main difference between young adolescents and professionals in the mental health field (including clergy) is training. Sexual attraction researchers have included clergy in their samples and reported that in general, clergy tend to manage their attraction through introspection and reliance on religious training and values (Meek, McMinn, Burnett, Mazzarella & Voytenk, 2004). Thus, religious training affects clergy's views about sexuality. The main difference between training and non-training appears to

be how individuals cope with their feelings of attraction. Consequently, in the case of supervisors who have received training to integrate their personal and professional values, it is expected that supervisors who are aware of their sexual scripts, like clergy, will be more comfortable with their sexual attraction towards supervisees than others. Therefore, it was reasonable to expect that the same association exists between supervisors' sexual scripts and their comfort with their sexual attraction towards supervisees. This association would mean that socio-cultural messages, like religion, influence the formation of beliefs and the development of sexual scripts, which in turn, would be associated with one's comfort with sexuality.

Additionally, some scholars have suggested that men and women are different regarding their sexuality; men are often considered to be more sexual than women (Lynch, & Carroll, 2000). Gender socialization plays a role regarding how men and women are expected to behave, which may explain why men tend to be more comfortable than women in expressing their sexuality (Ward & Freidman, 2005). A third view, proposed by Simon and Gagnon (1986), combines the innate biological inheritance of human sexual behavior, gender socialization, and individual life experiences to contribute to the meaning that individuals attribute to their sexual behaviors. The combination of these three elements becomes part of the individual's unique sexual script. Nonetheless, they cautioned that the use of sexual scripts should not be overly generalized. Instead, they emphasized the importance of the meanings that each individual attributes to experiences as an important tool to understand the ramifications of sexual scripts, including the decision making process that leads individuals to behave according to their sexual scripts.

Although there were weak associations between religion and sexual beliefs in this study, suggesting non-Christian supervisors tended to endorse more heteronormative beliefs regarding same sex attraction (such as same sex attraction is unnatural or against the supervisors' religious values, question 10) ($r = -.238$, $p = .001$) and Christian supervisors tended to endorse more traditional views of men (such as the belief that men do struggle with their sexual attraction, question 13) ($r = .166$, $p = .007$), no direct correlations between religion and comfort were found in this study. Overall, these results suggest that the more that supervisors tend to identify with conservative/religious scripts, the more that they tend to endorse sexual beliefs that support traditional gendered beliefs. This is consistent with prior studies on sexual scripts (Crawford & Popp, 2003; Dean, 2011; Marks & Fraley, 2005). Yet, other socio-cultural variables (age, and years as a supervisor) were not associated with supervisors' sexual scripts, sexual beliefs or comfort with attraction in this study.

Research Question 2: Hypothesis 2

Is there an association between training and supervisors' comfort with sexual attraction towards their supervisees, and how they manage such attraction?

It was hypothesized that supervisors who received training that more often normalized sexual attraction would report feeling more comfortable with their sexual attraction towards supervisees. The correlational findings, albeit weak associations, do support the hypothesis that training is associated with supervisors' comfort and management of sexual attraction towards supervisees. Results suggest that having more training that frequently addresses sexual attraction (question 17) is associated with supervisors increased comfort speaking to trusted colleagues or supervisors about their

attraction (question 22) (r = .228, p = .003). Similarly, supervisors who reported having training that normalized sexual attraction (question 18) is associated with increased comfort acknowledging their attraction (question 15) (r = .247, p =.002), feeling less emotionally reactive (question 16) (r =.258, p = .006), and feeling comfortable consulting trusted colleagues or supervisors about their attraction (question 22) (r = .198, p = .012).

Findings from this study are consistent with prior research that examined therapists' sexual attraction towards clients (Fisher, 2004; Rodgers, 2011). Researchers have emphasized the important role of supervisors in helping therapists manage their attraction (Arcuri & McIwain, 2010; Rodgers, 2011; Southern, 2007). Further, several scholars have emphasized the importance of training that normalizes sexual attraction to help therapists feel more comfortable and less reactive to their feelings (Arcuri & McIwain, 2010; Rodgers, 2011; Southern, 2007).

Yet, prior studies reported therapists often do not receive training on sexual attraction (Arcuri & McIwain, 2010; Rodgers, 2011). Additionally, when therapists do receive training on sexual attraction, this type of training is often part of an ethics course (Fisher, 2004). Thus, therapists who reported receiving training on sexual attraction also reported feeling more comfortable with experiencing attraction (e.g., less shame or reactive) and more willing to seek supervision to discuss the attraction (Arcuri & McIwain, 2010).

Therapists' willingness to seek supervision is an important factor. Many therapists reported not seeking supervision because they felt ashamed about their feelings (Markovic, 2014). Seeking supervision suggests that providers may be more comfortable

with their feelings of attraction, and may be willing to accept help from supervisors to manage feelings of attraction towards clients. Moreover, training may be helpful to supervisors and supervisees with respect to sexual scripts and sexual attraction. Training may serve as a buffer to counteract "taboo" socio-cultural messages about sexuality that supervisors and supervisees may have received during their personal and professional development. Consequently, training may help to increase supervisors' comfort with their own feelings, as well as their ability to discuss sexual issues in supervision.

Research Question 3: Hypothesis 3

Is there a direct association between supervisors' sexual scripts and the way that they manage their sexual attraction towards supervisees?

It was hypothesized that supervisors' sexual scripts (liberal, traditional, or conservative/religious) would be associated with how supervisors' manage their attraction towards supervisees. The hypothesis of the direct association of supervisors' sexual scripts on the management of attraction towards supervisees was partially supported in this study, with weak associations. There were 2 negative weak correlations between supervisors' sexual scripts and management of their attraction towards supervisees (question 9 and question 20), and (question 9 and question 23).

Results suggest that supervisors who identified with more liberal sexual scripts (question 9) tended to report managing their attraction to supervisees by consulting with a supervisor or colleague (question 20) ($r = -.216$, $p = .002$). This finding corroborates prior sexual attraction research. For example, Markovick (2014), conducted a qualitative study to examine therapists' sexual attraction to clients. According to Markovic (2014), one therapist who recognized his sexual values as being liberal, reported that he managed

his sexual attraction toward a client by consulting with his supervisors for fear of losing his objectivity in therapy sessions.

Moreover, supervisors in this dissertation study who believed that women are gatekeepers of sex (which is congruent with traditional or conservative/ religious sexual scripts; see question 12) tended to report feeling less comfortable with managing their attraction towards supervisees of the opposite sex (question 23) ($r = -.194$, $p = .019$). This finding suggests that supervisors who endorse more traditional sexual beliefs may be less comfortable with managing their attraction towards supervisees of the opposite sex, which, in turn, suggests a link between the supervisors' sexual scripts and their behaviors. Similarly, in the sexual scripts literature, studies conducted with young adolescents suggest individuals who identify with more liberal sexual scripts tend to have beliefs associated with their identified script, such as non-traditional sexual beliefs, which, in turn, influence their sexual behavior (Reiber & Garcia, 2010). For example, several studies with adolescents and young adults who reported identifying with a liberal sexual script also reported managing their attraction or desire by engaging in casual sex (Bogle, 2008; Stinson, 2010; Ward, 2003). Moreover, adolescents who possess liberal sexual scripts have reported being more open about their sexuality than adolescents who possess conservative/religious sexual scripts (Bogle, 2008; Stinson, 2010; Ward, 2003). Thus, in this study, it was expected that supervisors' sexual scripts would influence how they tend to manage attraction to their supervisees, as reported in the sexual scripts literature. Yet, supervisors with more liberal sexual scripts will not necessarily become sexually involved with their supervisees. It is, however, possible that supervisors who tend to identify with liberal sexual scripts will be more open about their sexuality compared to

supervisors who identify with conservative/religious sexual scripts. This is because sexual scripts may influence behavior, including how supervisors manage attraction towards supervisees by either being outspoken or introspective about the attraction.

Similarly, the belief that women are the gatekeepers of sex is also consistent with traditional or conservative/religious sexual scripts (Ward, 2003). Accordingly, the result that supervisors with this belief tended to feel less comfortable with managing their attraction towards supervisees of the opposite sex, suggests that supervisors may experience conflict between their professional obligations as supervisors and their personal feelings towards supervisees. This finding is consistent with sexual scripts theory, which describes men as the initiators of sexual interaction in traditional sexual scripts (Ward, 2003). Further, women tend to have the final word on the acceptance of male advances (Ward, 2003). It is possible that these more traditional sexual scripts for male and female interactions could become blurred in supervision because of the intimate nature of the supervisory relationship. Nevertheless, it may be natural for supervisors, like any other individuals, to become attracted to their supervisees and vice versa. Consequently, the sexual scripts of supervisors could influence perceptions about their own feelings and how they decide to manage their feelings. Accordingly, based on the results of this study, supervisors' sexual scripts were weakly associated with how they manage attraction towards supervisees.

Research Question 4: Hypothesis 4

***Is there a direct association between supervisors' training and how they manage their sexual attraction to supervisees*?**

In this study, it was hypothesized that supervisors' training would be associated with how they tended to many feelings of sexual attraction towards supervisees. This hypothesis was partially supported by two weak correlations between supervisors' training and management of their attraction towards supervisees. Specifically, training that included frequent discussions of sexual attraction (question 17) was associated with supervisors' management of their sexual attraction towards supervisees who are of the opposite gender (question 23) ($r = .196$, $p = .014$). This result suggests that family therapy supervisors tended to report feeling more comfortable with managing their attraction towards supervisees of the opposite gender and is consistent with sexual scripts literature that focused on heterosexual norms (Dean, 2011).

Training is important for therapists to manage their attraction towards clients (Rodgers, 2011). Since therapists and supervisors have similar training experiences, it is possible supervisors have benefitted, with respect to attraction to supervisees, from their training. Scholars in the psychology field have advocated for training that focuses on erotic countertransference (Southern, 2007). This type of training is ideal because it focuses on therapists' self-awareness (Southern, 2007). Moreover, in the family therapy field, training has also been identified as essential in helping therapists to normalize feelings of attraction to clients (Arcuri & McIwain, 2010). Prior researchers have reported that therapists (in general) who received "adequate" training on sexual attraction are better able to manage sexual attraction towards clients than therapists who did not receive such training (Rodgers, 2011). Thus, in this study, it was expected that training would be associated with supervisors' management of their attraction towards supervisees.

The results of this study suggest that training helps supervisors to normalize their attraction towards supervisees of the opposite sex; however, training in same sex attraction has not been sufficiently explored, as indicated by family therapy supervisors feeling more comfortable with reporting sexual attraction towards supervisees of the opposite sex. This finding is consistent with the literature. According to Aducci, and Baptist (2011), 75% of family therapy graduates have little or no training on how to work with sexual minorities, and many therapists do not feel comfortable with same sex attraction. Consequently, the results of this study suggest that training seems to be associated with how supervisors manage their attraction towards supervisees.

Research Question 5: Hypothesis 5

Is there a direct association between supervisors' comfort with sexual attraction towards their supervisees and how they manage attraction towards supervisees?

In this study, it was hypothesized that supervisors who are more comfortable with sexual attraction towards supervisees would report feeling more comfortable managing their sexual attraction. It was also hypothesized there would be an association between supervisors' comfort with their sexual attraction towards supervisees and how they managed sexual attraction towards supervisees. Results suggest there are two low to moderate correlations between supervisors' comfort level with their attraction towards supervisees and how they manage feelings of attraction. More specifically, supervisors who felt comfortable with acknowledging their attraction towards supervisees (question 15) was associated with supervisors consulting a colleague or supervisor about the attraction (question 20) ($r = .219$, $p = .008$). Moreover, supervisors who reported being comfortable with consulting a colleague or supervisor (question 22) was associated with

supervisors feeling comfortable with managing their attraction towards supervisees of the opposite sex (question 23) ($r = .193$, $p = .016$).

These correlations suggest supervisors who are more comfortable acknowledging their attraction tended to consult with a supervisor or colleague when they are attracted to supervisees. A prior qualitative study included in the sexual attraction literature indicated that therapists who are comfortable with their own attraction towards clients, also feel comfortable with addressing sexual attraction towards their clients with their supervisors when the therapists feel that their supervisors are "trustworthy" and "open-minded" (Arcuri & McIwain (2010).

Limitations

There are several limitations in this dissertation survey study that are noteworthy. The first limitation is that although according to the power analysis 322 participants were needed to achieve significance, there were only 174 participants with complete data in this study. Thus, findings are limited to the sample population and cannot be generalized to the entire population of family therapy supervisors.

Next, identification and recruitment of the participants in the study was web-based, which means that only supervisors who had accessible email addresses could be selected to participate in this study. This excluded a subset of eligible participants who may not be active online as well as individuals who lacked a certain level of comfort using computers and emails. Supervisors were difficult to reach since AAMFT does not provide a list of supervisors. Moreover, it is hard to extrapolate the results to the population of family therapy supervisors because it is impossible to know how representative the actual sample is in terms of supervisor demographics. Thus, the

sampling method for this study was based on convenience. The researcher found most participants' names and email addresses online by searching government lists of state-approved family therapy supervisors. In addition, the researcher used web-based AAMFT accredited universities in order to identify potential AAMFT-approved supervisor participants. Consequently, only those state-approved family therapy supervisors and AAMFT-approved supervisors who were active online could potentially be selected to participate in the study. Similarly, the sample was skewed with respect to sexual orientation, ethnicity, and religious background since the majority of participants were heterosexual, white, and Christian. Thus, findings cannot be generalized to sexual and ethnic minority supervisors or who are non-Christian. In addition, the use of correlational data prevents any discussion about causality.

Next, this study included a new survey instrument. In this study, the survey was developed by the researcher and had never been used in previous studies. In addition, the results suggest that the survey instrument was very low in reliability. Consequently, assessing information from supervisors was difficult due to the limited applicability of the scale items found. It is recommended to use a Delphi study to ascertain questions for further research on supervision or therapy sexual attraction issues. Moreover, the comfort variable might be better labeled as awareness. From the supervisors' responses, it appears that it is not supervisors' comfort that facilitates their acknowledgement of sexual values and sexual attraction towards supervisees, but rather supervisors' awareness of their sexual scripts and sexual values.

Further, the topic covered in this study is often considered "taboo" for some supervisors. Similar to other survey studies, which include "taboo" topics, respondents

may not have been encouraged to provide accurate and honest answers. Accordingly, the supervisors who did participate in the study may not have felt comfortable in providing answers that presented themselves in an unfavorable manner. Moreover, surveys with closed-ended questions, like the survey in this study, may have a lower validity rate than other question types. Surveys with limited options for answering questions have the potential to yield unclear results. Such potential lack of clarity may have caused some respondents to interpret certain answer options in a different manner than other respondents. An example of the potential lack of clarity in this study is that some participants may have misunderstood the questions about sexual scripts and values. It is possible that some participants may have misunderstood the context of these questions as exploration of societal values rather than their own personal beliefs about sexuality.

Accordingly, the internal validity of this study may have been jeopardized due to the research design (close ended questions), measurement (novelty of instrument) and limited statistical power. The nature of this study may also have contributed perceived weaknesses in the results of this study. The study is a descriptive study; descriptive studies are used to estimate specific parameters in a population (*e.g.,* the prevalence of supervisors' sexual attraction to supervisees) and to describe associations (*e.g.,* the association between supervisors' sexual attraction to supervisees, on the one hand, and each of (a) training on "self of the therapist", (b) comfort with the attraction, and (c) management of the attraction, on the other hand) rather than causality.

Moreover, since response rates are a potential source of bias, the results from this survey, which has a large non- response rate (92.8%), could be misleading and only representative of the portion of the population of supervisors who participated. Thus, the

results of this study may not be a true representation of the beliefs of AAMFT-approved or state-approved supervisors. Last, due to the anonymous nature of the study, there is no way to know whether, in fact, the participants in this study: (a) comprised the targeted population, AAMFT- approved supervisors and state approved family therapy supervisors, and/or (b) provided accurate information in completing the survey.

Implications for Future Research

This study addresses an important gap in the literature on sexual attraction in supervision, including how supervisors' sexual scripts may affect their comfort with and management of sexual attraction towards supervisees, as well as the role of training in helping supervisors to manage such attraction. The results of this study suggested that supervisors' sexual scripts may be affected by the supervisors' cultural upbringings. Moreover, the results of this study suggest that training plays an important role in normalizing supervisors' feelings of sexual attraction and the way in which supervisors manage their attraction towards supervisees. Further, based on the supervisors' narratives, the supervisors' awareness of sexual scripts appears to be more important than the supervisors' sexual scripts themselves in determining how supervisors manage their attraction towards supervisees. As Simon and Gagnon (1986) have reported, individuals, including supervisors, attach meanings to their sexual scripts, and such meanings are what drive their behaviors, not their sexual scripts or beliefs alone. The uniqueness about couple and family therapy supervision is the focus of the supervision, the relationship between supervisor and supervisee. Many models of supervision in the family therapy field take advantage of the isomorphic nature of the supervisory system to influence supervisees' behavior. According to (Aponte and Winter, 1987), the Person of the

Therapist (POTT) model de-emphasizes supervisees' pathology, creating a safe space where supervisees can explore all parts of themselves. The creation of this safe space is only possible due to the trusting relationship between supervisors and supervisees. It is in the context of this trusting relationship that supervisees feel safe enough to explore all of their feelings, including sexual attraction. When supervisees feel free to explore their sexual feelings and such feelings are not judged by their supervisors, supervisees may then explore further what these sexual feelings mean to them. In this process of normalization of their feelings, supervisees may feel more able to manage their attraction towards clients. Therefore, the uniqueness of couples and family therapy supervision is the understanding of sexual attraction in the context of the supervisory relationship. As Aponte (1994) has argued, it is not necessary for supervisors to disclose their feelings to supervisees. Supervisors who are aware of their own feelings and may be willing to work with their feelings without hiding from them can help supervisees to do the same.

Recommendations

Overall, training appears to be related to how comfortable supervisors feel with their sexual attraction towards supervisees. Supervisors who reported that they received training that normalized sexual attraction and that frequently included discussions about sexual attraction tended to feel most comfortable in acknowledging sexual attraction towards supervisees.

In conclusion, the gender and sexual scripts of supervisors may be important information to be explored during training of supervisors and supervisees in order to facilitate supervisors' comfort with their sexual attraction towards supervisees, and to improve their ability to manage such attraction. In addition, since training appears to be related to how comfortable supervisors feel with sexual attraction, and supervisors who reported being comfortable with their attraction also reported seeking out consultation (Fisher, 2004), training should not only emphasize acceptance and normalization of sexual attraction, but also the seeking of assistance of colleagues or supervisors to manage attraction towards supervisees.

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Appendix A

Drexel UNIVERSITY
Office of Research

APPROVAL OF PROTOCOL

February 5, 2015

Eric Johnson, Ph.D
Couples and Family Therapy
Mailstop: 905

Dear Dr. Johnson:

On February 5, 2015 the IRB reviewed the following protocol:

Type of Review:	Initial
Title:	Family Therapy Supervisors' Experience of Sexual Attraction Towards Supervisees
Investigator:	Johnson, Eric
IRB ID:	1501003322
Funding:	Internal
Grant Title:	None
Grant ID:	None
IND, IDE or HDE:	None
Documents Reviewed:	Application Form HRP-211, Contact Forms HRP-201, Conflict of Interest Forms, Template Protocol HRP-503, Recruitment Email Script, Data Collection Tools and Research Proposal

According to 45 CFR 46, 101(b) (1), the IRB approved the protocol on February 5, 2015. The protocol is approved Exempt Category 2, this study will enroll 322 American Association for Marriage and Family Therapy (AAMFT) approved supervisors recruited from the directory posted on AAMFT website to complete surveys via Survey Monkey.

In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Sincerely,

Teresa C Hinton
Member, Social and Behavioral IRB #3

Template Revision: June 13, 2014

1601 Cherry Street, 3 Parkway Building, Suite 10444, Philadelphia, PA 19102 | Tel: 215.255.7857 | Fax: 215.255.7974
HRPP@drexel.edu | drexel.edu/research

Appendix B (Electronic Informed Consent)
Drexel University Institutional Review Board
Electronic Informed Consent

ELECTRONIC CONSENTING COMMUNICATION TO PROMOTE COMPREHENSION

Study Title: Family Therapy Supervisors' Experience of Sexual Attraction Towards Supervisees.

We are asking you to be in a research study.
You do not have to be in the study.
The survey is completely anonymous. We are not soliciting any identifiable information.
If you say yes, and change your mind later you can quit the survey at any time.
Please take as much time as you need to make your choice. Call or e--mail us if you need more information.
Your relationship with Drexel will not change in any way if you say no.

We want to learn more about AAMFT-approved and State Approved supervisors' sexual attraction experience in supervision. This study will help us learn more about the experience of AAMFT-approved and State Approved supervisors. We are asking people like you who are AAMFT-approved or State Approved supervisors to help us.

What happens if I say yes, I want to be in the study?
If you say yes, we will:
Ask about (demographic information such as your gender, ethnicity, sexual orientation and theoretical framework). We will also ask questions about your professional and personal experience regarding sexual attraction in supervision, and how your training has prepared you to manage the attraction).
There is no right or wrong answer to these questions. You can skip any question you do not want to answer.

How long will the study take?
The study will take about five to ten minutes of your time.

What am I being asked to do?
You will be answering a 23 multiple-choice questions survey. Details of the study are fully described in the attached consent form. However, I will be glad to explain to you in detail over the telephone or through e-mail if necessary.

What happens if I say no, I do not want to be in the study?
No one will treat you differently. You will not be penalized. Your relationship with Drexel will not change.

What happens if I say yes, but change my mind later?
You can stop being in the study at any time. You will not be penalized.

Who will see my answers or my personal information?
The only people allowed to see your answers will be the people who work on the study and people who make sure we run our study the right way. Your survey answers, and a copy of this document will be locked in our files. We will not put your answers into any record. We are not collecting your name, email address, or computer IP address. There will be no identifiable information linking your answers to your name.
When we share the results of the study (e.g., in peer reviewed journals) no identifiable information will be included.

Will it cost me anything to be in the study?
No.

Will being in this study help me in any way?
Being in the study may not help you personally, but will help AAMFT-approved and State Approved supervisors in the future.

Will I be paid for my time?
No.

Is there any way being in this study could be bad for me?
No.

What if I have questions?
Please call the head of the study, Dr. Johnson at 267-359-5526. If you:

- Have any questions about the study.
- Have questions about your rights.
- Feel you have been injured in any way by being in this study. You can also call the Office of Human Research at (215)-255-7857 to ask questions about this study.

Do I have to click the agree button?
No. You only click the agree button if you want to be in the study.

What should I do if I want to be in the study?
You click the agree button at the end of this page. By clicking on the agree button, you are saying:

- You agree to be in the study.
- You have the opportunity to call the head of the study with any questions you may have about the study.

You know that:

- You can skip questions you do not want to answer.
- You can stop answering our questions at any time and nothing will happen to you. You can call the office in charge of research at (215) 255-7857 if you have any questions about the study or about your rights.

Appendix C (Recruiting Email)

Drexel University Recruiting Volunteers for a Research Study A study of family therapy supervisors ' experiences of sexual attraction towards supervisees.

Research Objectives

Sexual attraction is often not addressed in the training of couple and family therapists. The purpose of this study is to learn from family therapy supervisors their experiences of sexual attraction in supervision. This survey is conduct anonymously and it takes approximately 10 minutes to complete.

Information for Research Subjects Eligibility

You can participate in this study if you are an American Association for Marriage and Family Therapy (AAMFT) approved supervisor or a state approved supervisor practicing in the United States. If you meet the above criteria, use the link below to complete the survey.

Follow this link to the Survey:

Take the Survey

Or copy and paste the URL below into your internet browser: http://drexel.qualtrics.com/WRQualtricsSurveyEngine/?Q_SS=1ENqKngLVYVe8w5_cMEMXfrgVeJ2BLf&_=1

Location of the research and person to contact for further information.

This research is approved by the Institutional review board. If you have questions about this research, please contact: Dr. Eric Johnson at 267.359.5526 1601 Cherry Street, Philadelphia, PA, 19102. Room 719 Or Ms. Renata Carneiro at desdemonarc@gmail.com

(This research is conducted by a researcher who is a member of Drexel University).

Follow the link to opt out of future emails: Click here to unsubscribe.

Appendix D

(Replica of Pope et al., 1986 Survey)

Demographic Questions

1. What is your gender?
   - o Female
   - o Male

2. What is your age group?
   - o Under 30
   - o 30-45
   - o 46-61
   - o 62 and over

3. How many years of experience do you have in the profession?
   - o Under 6 years
   - o 7-11 years
   - o 12-16 years
   - o 17-21 years
   - o 21 and over

Personal Experiences

4. Have you ever been sexually attracted to a client?
   - o No, I never had this experience.
   - o Yes, I was attracted to at least one or two clients before.
   - o Yes, I have been attracted to three or more clients before.
   - o Yes, I have been attracted to ten or more clients before.

5. What gender are the clients you find sexually attractive?
   - o I have never had this experience
   - o Male only
   - o Female only
   - o Both, males and females

6. Have you ever considered being sexually involved with a client?
   - o I had never seriously considered actual sexual involvement with a client.
   - o I had considered sexual involvement with clients before once or twice.
   - o I had considered sexual involvement with clients before three or more times.
   - o I had considered sexual involvement with clients ten or more times.

7. In instances when you were attracted [to a client] but did not become sexually involved, why did you refrain from the involvement?

8. While engaging in sexual activity with someone other than a client, have you ever had sexual fantasies about someone who is or was a client?
- o I have never had sexual fantasies about a current or former client while engaging in sexual activity with someone else.
- o I have had sexual fantasies with one or two clients while engaging in sexual activity with someone else.
- o I have had sexual fantasies with three or more clients while engaging in sexual activity with someone else.
- o I have had sexual fantasies with ten or more clients while engaging in sexual activity with someone else.

9. Have you ever acted out sexually with clients?
- o I have never acted out sexually with any of my clients.
- o I have acted out sexually with one or two clients.
- o I have acted out sexually with three or more clients.
- o I have acted out sexually with ten or more clients.

10. How would you describe the clients to whom you've been attracted? Are there any particular salient qualities or similarities among them?

11. Has your sexual attraction toward clients ever been beneficial to the therapy process?
- o No, my sexual attraction towards clients has not been beneficial to the therapy process.
- o Yes, my sexual attraction towards clients has been beneficial to the therapy process at least once or twice.
- o Yes, my sexual attraction towards clients has been beneficial to the therapy process three times or more.
- o Yes, my sexual attraction towards clients has been beneficial to the therapy process ten times or more.

12. Has your sexual attraction ever been harmful or an impediment to the therapy process?
- o No, my sexual attraction towards clients has never been harmful or an impediment to the therapy process.
- o Yes, my sexual attraction towards clients has been harmful or an impediment to the therapy process once or twice.
- o Yes, my sexual attraction towards clients has been harmful or an impediment to the therapy process three or more times.
- o Yes, my sexual attraction towards clients has never been harmful or an impediment to the therapy process ten or more times.

13. When you are attracted to a client, does it tend to make you feel uncomfortable, guilty, or anxious?

- o I never felt uncomfortable, guilty, or anxious when attracted to a client.
- o I felt uncomfortable, guilty, or anxious when attracted to a client at least once or twice.
- o I felt uncomfortable, guilty, or anxious when attracted to a client three times or more.
- o I felt uncomfortable, guilty, or anxious when attracted to a client ten times or more.

14. In instances when you were attracted to a client, was the client aware of it?
- o I never felt attracted to a client.
- o Yes
- o No
- o Not sure

15. In instances when you were attracted to a client, was the client also attracted to you?
- o I never felt attracted to a client.
- o Yes
- o No
- o Not sure

16. Has your graduate training program and/or internship provided courses or other structured education about sexual attraction to clients?
- o I did not receive any education about sexual attraction to clients.
- o I have received some education about sexual attraction to clients.
- o I have received adequate coverage about sexual attraction to clients.

17. What did you do when you become aware of your sexual attraction to a client?
- o I never had this experience.
- o I sought consultation or supervision.
- o I did not do anything.

(Appendix E)

Family Therapy Supervisors' Experience with Sexual Attraction to Supervisees

Unless noted please check all the answers that apply to you.

Part I: Demographic Questions

Questions 1-8 (Demographic information)

1. What is your gender (Please select one answer)
o Men
o Women

2. What is your sexual orientation (Please select one answer)
o Heterosexual
o Bisexual
o Gay
o Lesbian
o Other

3. Please identify your ethnicity

4. Please state your age

5. What is your religion? (Please select one answer)
o Christianity
o Judaism
o Islam
o Buddhism
o Other

6. Please specify your years of experience as a supervisor

7. Which theoretical model do you use in supervision? (Please select one answer)
o Bowenian
o Structural
o Strategic
o Contextual
o Post-modernist
o Integrative

8) What is your qualification?
o AAMFT- approved supervisor

- State- approved supervisor
- Other

Part II-Sexual Scripts (values) Questions

9) In terms of sexual values, do you identify as…
- Traditional
- Liberal
- Conservative religious
- Other

Heteronormativity:

10) Do you believe that same sex attraction is:
- Unnatural
- Against your religious values
- Part of being human
- Other, please specify:

Double standards:

11) Do you think that men and women are judged differently for the same sexual conduct?
- Yes
- No
- Sometimes
- Unsure

Traditional sexual scripts:

12) Do you believe that women are the gatekeepers of sex?
- Yes
- No
- Sometimes
- Not sure

13) Do you believe that most male supervisors struggle to contain their sexual attraction (sexual urges) towards their supervisees? (Please select one answer)

- Yes
- No
- I am not sure

14) Do you believe that most female supervisors struggle to contain their sexual attraction (sexual urges) towards their supervisees? (Please select one answer)

- o Yes
- o No
- o I am not sure

15) Have you ever been sexually attracted to a supervisee? (Please select one answer)

- o Yes
- o No
- o I am not sure
- o Other, please specify

16) In your opinion, has/would your sexual attraction to a supervisee ever interfere with your relationship with your supervisee by making you feel…

- o Anxious
- o Uncomfortable
- o Distracted
- o Other, please specify

Part III- Education and Training Messages Questions

17) How often did your educational training include discussion of sexual attraction in the supervisory dyad? (Please select one answer).

- o Never
- o Rarely
- o Some
- o A lot

18) How did your training address or label sexual attraction in the supervisory dyad? (Please select one answer).

- o Normal
- o Abnormal
- o Taboo
- o Uncertain

19) Did your training focus on the self of the therapist?

- o Never
- o Rarely
- o Some
- o A lot

Part IV- Resources, Management and Comfort Questions

20) Based on your life experience, values, and training how do/would you manage your sexual attraction towards a supervisee when the attraction is interfering with supervision?

- o Openly addressing the topic in supervision
- o Consult with a supervisor or colleague
- o Transferring the supervisee to another supervisor
- o Other please specify:

21) In your professional opinion, what resources make/ would make a difference for you to manage your feelings of sexual attraction towards a supervisee?

- Training on the self of the therapist
- Supervision
- Ethical codes
- Other please specify:

22) How comfortable would you feel to speak with a supervisor or colleague about being sexually attracted to a supervisee?

I would feel uncomfortable because I do not want to be perceived as unprofessional
I would feel comfortable talking with a colleague or supervisor whom I trust
Other, please specify

23) Does the gender of the supervisee affect the way that you feel about managing your sexual attraction towards the supervisee when the attraction is interfering with supervision?

- Yes, I feel more comfortable with supervisees who are the same gender as me
- No, I feel comfortable with both genders
- I am uncomfortable with the topic regardless of the supervisee's gender
- Other please specify:

24) Does the sexual orientation of the supervisee affect the way that you feel about managing your sexual attraction towards the supervisee when the attraction is interfering with supervision?

- Yes, I feel more comfortable with supervisees who are the same sexual orientation as me
- No, I feel comfortable with all sexual orientations
- I am uncomfortable with the topic regardless of the supervisee's sexual orientation
- Other please specify:

25) How concerned are you or would you be that your sexual attraction towards a supervisee may be misunderstood as sexual harassment?

- Not concerned at all
- A little concerned
- Very concerned
- Other please specify:

Appendix F
Instrument-Key

"Family therapist supervisors' sexual attraction towards their supervisees" is a self-reported survey comprised of 26 questions. The survey measures the following variables: demographic information; sexual scripts; comfort with sexual attraction; management of the sexual attraction; training, and awareness of sexual scripts. The survey is divided into six parts.

Part I- Demographic Questions

The first part (8 questions) captures the demographic information of participants.

Demographic Questions:

Question #	Choices	Construct	Code
(1) What is your gender?	Male or female	Gender	Male = 1 Female =2
(2) What is your ethnicity	Open question	Ethnicity	White =1 Minority= 2
(3) What is your sexual orientation	Heterosexual, bisexual, homosexual, lesbian Other	Sexual orientation	Heterosexual= 1, bisexual=2, homosexual=3, lesbian= 4 and Other =5
(4) What is your age?	Open question	Age	29-39=1, 40-49=2, 50-59=3 and 60+ = 4
(5) What is your religion?	Christianity, Judaism, Islam, Budhism, other	Religion	Christianity= 1, Judaism=2, Islam=3, Budhism=4, other=5
(6) How many years have you been a supervisor?	Open question	Experience as a supervisor	1-5= 1, 6-10=2. 11-15=3, 16-20=4, 21-25=5, 26-30=6, and 30+= 7
(7) Which theoretical model do you primarily use?	Bowenian, structural, strategic, contextual, post-modernism or integrative	Theoretical orientation	Bowenian=1, structural=2, strategic=3, contextual=4, post-modernism=5 or integrative=6
(8) What are your qualifications?	AAMFT approved supervisor, state approved supervisor	Qualifications	AAMFT approved supervisor=1, state approved supervisor=2 or other=3

	or other		

Part II- Sexual Scripts

The second part of the survey measures supervisors' sexual scripts. Question (9) asks supervisors to self-identify their sexual scripts. From Questions (10) to (14), supervisors were asked to choose a statement regarding their sexual values. Each statement in Questions (10) to (14) is associated with a particular sexual script (liberal, conservative or religious). For the purpose of this instrument, liberal sexual scripts were coded as (0), traditional sexual scripts were coded as (1), and conservative or religious were coded as (2). The tables below demonstrate how each sexual script was measured.

Liberal Sexual Scripts:

Question #	Statements	Construct	Choice and Code
Question (9)	In terms of sexual values how do you identify yourself?	Liberal Sexual script	Liberal = 0
Question (10)	What do you believe same sex attraction is?	heteronormativity	Part of being Human =0
Question (11)	Do you think that men and women are judged differently for the same sexual conduct?	Double Standard	Yes=0
Question (12)	Do you think that women are the gatekeepers of sex?	Views about women	No= 0
Question (13)	Do you believe that most male supervisors struggle to contain their sexual attraction towards supervisees?	Views about men	No=0
Question (14)	Do you believe that most female supervisors struggle to contain their sexual attraction	Views about women	No=0

	towards supervisees?		

Traditional Sexual Scripts:

Question #	Statements	Construct	Choice and Code
Question (9)	In terms of sexual values how do you identify yourself?	Traditional Sexual script	Traditional =1
Question (10)	What do you believe same sex attraction is?	Heteronormativity	Unnatural=1
Question (11)	Do you think that men and women are judged differently for the same sexual conduct?	Double Standard	Unsure=1
Question (12)	Do you think that women are the gatekeepers of sex?	Views about women	Unsure= 1
Question (13)	Do you believe that most male supervisors struggle to contain their sexual attraction towards supervisees?	Views about men	I am not sure =1
Question (14)	Do you believe that most female supervisors struggle to contain their sexual attraction towards supervisees?	Views about women	No=1

Conservative or Religious Sexual Scripts:

Question #	Statements	Construct	Choice and Code
Question (9)	In terms of sexual values how do you identify yourself?	Conservative or Religious Sexual script	Conservative or Religious =2
Question (10)	What do you believe same sex attraction is?	heteronormativity	Agaisnt my religious values=2
Question (11)	Do you think that men and women are judged differently	Double Standard	No= 2

	for the same sexual conduct?		
Question (12)	Do you think that women are the gatekeepers of sex?	Views about women	Yes= 2
Question (13)	Do you believe that most male supervisors struggle to contain their sexual attraction towards supervisees?	Views about men	Yes =2
Question (14)	Do you believe that most female supervisors struggle to contain their sexual attraction towards supervisees?	Views about women	No=1

Part III-Comfort with Sexual Attraction

There are 3 questions which measure supervisors' comfort with sexual attraction in the supervisory dyad (Questions 15, 16, and 22). Supervisors were asked to choose a statement in each of these questions that reflected their comfort regarding sexual attraction in supervision. The questions were re-coded in a range from (0) to (2) where zero means not comfortable and (2) means the most comfortable.

Comfort with Sexual Attraction

Question #	Uncomfortable=0	In Between=1	Most Comfortable=2
Question (15) Have you ever been sexually attracted to a supervisee?	No	I am not sure	Yes
Question (16) In your opinion being sexually attracted to a supervisee would interfere with supervision by making you feel…	Anxious	Uncomfortable	Distracted

Question (22) How comfortable dodo you feel about speaking with a supervisor or colleague about being sexually attracted to a supervisee?	I would feel uncomfortable because I do not want to be perceived as being unprofessional	I would feel comfortable speaking with a colleague or supervisor whom I Trust	

Part IV -Management of the Sexual Attraction

There are five questions designed to measure supervisors' management of the sexual attraction in the supervisory dyad (Questions 20, 21, 23, 24 and 25). Supervisors were asked to choose a statement in each of these questions that reflected how they manage or would manage their sexual attraction to a supervisee if the attraction was interfering with supervision. The questions were re-coded in a range from (0) to (2). Lower scores indicate that a supervisor struggles to manage the attraction, including behavior such as making hasty decisions like transferring the supervisee to another supervisor. Higher scores indicate that a supervisor is apt to manage the attraction by making sound clinical decisions, such as consulting with another supervisor or colleague. Question 25 was reverse-coded, meaning that lower scores indicated better management than higher scores.

Managing Sexual Attraction in the Supervisory Dyad:

Question #	Struggle to manage sexual attraction =0	In Between=1	Apt at managing the sexual attraction=2
Question (20) Based on your life experiences, values, and training, how do you or	Openly addressing the topic in supervision	Transferring the supervisee to another supervisor	Consult with a supervisor or colleague

would you manage your sexual attraction towards a supervisee?			
Question (21) in your professional opinion, what resources make or would make a difference for you to manage your feelings of sexual attraction towards a supervisee?	Ethical codes	Supervision	Training on the self of the therapist
Question (23) Does the gender of the supervisee affect or would affect the way you feel about managing the attraction towards the supervisee?	Yes, I feel more comfortable with supervisees who are the same gender as me	I feel more comfortable with supervisees who are not as the same gender as me	I feel comfortable with both genders
Question (24) Does the sexual orientation of the supervisee affect or would affect the way you feel about managing the attraction towards the supervisee?	I am uncomfortable with the topic regardless sexual orientation	Yes, I feel more comfortable with supervisees who are as the same sexual orientation as me	I feel comfortable with all sexual orientations
Question (25) How concerned are you that your sexual attraction towards a supervisee may be misunderstood as sexual harassment?	Not concerned	A little concerned	Very concerned

Part V- Training

The survey contains 3 questions that measure supervisors' training. Supervisors were asked to indicate (a) whether they have received training on the "self of the therapist" and (b) the importance ascribed by supervisors to training designed to manage sexual attraction in the supervisory dyad. Below is a table that summarizes the constructs and the questions that measure them. The scores for training ranges from (0) to (2). Higher scores indicate more training and normalization of sexual attraction. Lower scores indicate less training and abnormalization of sexual attraction.

Training Inclusion of Sexual Attraction as a Topic and Messages about Sexual Attraction:

Question #	No training/uncertain about messages=0	Rarely any training/negative messages=1	Some training/negative messages=2	A lot of training/positive message
Question (17) How often did your educational training include the discussion of sexual attraction in the supervisory dyad?	Never	Rarely	Some	A lot
Question (18) How did your training address or label sexual attraction in the supervisory dyad?	Uncertain	Taboo	Abnormal	Normal

Training on Self of the therapist:

Question (#)	No training=0	Rarely any training=1	Some training=2	Often=3	All the time=4
Question (19) Did your training focus on the self-of the therapist?	Never	Rarely	Sometimes	Often	All the time

Part VI- Awareness of Sexual Scripts

For the purpose of this study, supervisors' awareness of their own sexual scripts is defined as the association between supervisors' self-reported sexual scripts and their endorsements of sexual values that correspond to their sexual scripts. The self-awareness between supervisors' sexual scripts and their values was measured by correlating supervisors' self-reported sexual scripts (Liberal, Traditional or Conservative Religious) in Question (9) to supervisors' endorsements of sexual values related to their sexual scripts in Questions (10), (11), (12), (13) and (14). Moderate to strong correlations between the identified variables is an indication of supervisors' self- awareness.

Variable	(Question 10)	(Question11)	(Question12)	(Question 13)	(Question 14)

	Beliefs about same sex attraction	Men and women judged differently for the same sexual conduct	Women are the gate-keepers of sex	Most male supervisors' struggle with their sexual attraction	Most female supervisors' struggle with their sexual attraction
(Question 9) Supervisors' Self-identify Sexual Scripts	Moderate to strong correlations = levels of self-awareness	Moderate to strong correlations = levels of self-awareness	Moderate to strong correlations = levels of self-awareness	Moderate to strong correlations = levels of self-awareness	Moderate to strong correlations = levels of self-awareness

Appendix G

Question 10: What do you believe same sex attraction is?

A myriad of factors dependent on each person's background. Unfulfilled needs and rejection from a primary caretaker; trauma; brokenness; biological wiring...
Reality for people who identify as Lesbian Gay or Bisexual
Real for some, like all other human behavior - and the same as opposite sex attraction - mkaing sense in context only (including all contexts)..
okay for others, immoral to me
Not sure.
Normal
Experienced by some people, for whom it is natural.
A variation in nature.
Still an evolving questions for me
Nature
Part of humanity but homosexual behaviors are immoral
I believe in Kinsey's Scale of Sexual Orientation
Nature
N=13

Question 13: Do you believe most male supervisors struggle to contain their sexual attraction towards supervisees?

I don't know but given male socialization, I can imagine that they may struggle.
I believe this is unique to each male supervisor
Sometimes, but immediate arousal is dissipated with familiarity
Sometimes
That is on a case by case basis
At times I beleive there are urges, but ethical therapists must adhere to the code of ethics
Sometimes
I believe this is an ethical issue
Sometimes
N=9

Question 14: Do you believe most female supervisors struggle to contain their sexual attraction towards supervisees?

Not like males
Perhaps not as much as males--but this viewpoint is informed by mytraditionalism
I believe this is unique to each female supervisor
Not in my experience and discussion with other femail supervisors. It might be worse fr males
Sometimes
Not a female problem
Sometimes
Again case by case

Manifested physiologically different based upon culture.
N=9

Question 15: Have you ever been sexually attracted to a supervisee?

Not really, I have found some supervisees attractive, but have not been sexually attracted to them.
Extremely rare
Slightly, depending on how you define attraction - which you haven't for the purposes of this study.
Physically attracted, not sexually attracted
Attracted yes, but not necessarily sexually

Question 16:In your opinion, being sexually attracted to a supervisee would interfere with your relationship with the supervisee by making you feel…

It would not necessarily interfere-- poor item design.
possibly be less objective
Guilt
it wouldn't it would be impossible to be unprovessional
Objectivity would more than likely be compromised.
Well I have to say, I disagree with the question as it's posed. I'm sure if I was attracted to a supervisee I might feel all of these feelings, yet I am not convinced that there would necessarily be interference with the relationship with the supervisee.
why would it have to interfere with the relationship? this is a loaded question
no interference
Would depend on the nature of the attraction. If mild, it wouldnt interfere.
Exploitative/ unethical
It would not. Her career and learning is important. Temporary feelings should be set aside in favor of focusing on the client and on learning. Then those feelings should become inconsequential. After all, we are supposed to model restraint and the well being of others.
would not interfere
Only if you let it
it wouldn't
I don't think that it has interfered with my supervision.
would not interfere
maybe no difference
would not interfere, as long as I stay conscious & ethical
Does not need to interfere if I am aware and consulting with other supervisors and setting good boundaries and referring out the supervisee if necessary.
Unethical
dishonorable and unethical
no way, would appropriately manage my attraction as is my responsibility
I don't think it interferes
N=24

Question 20: Based on your life experience, values and training, how do you or would you manage your sexual attraction towards supervisees when the attraction is interfering with supervision?

Potentially all 3 above in escalating order.
Try to ignore it
Openly acknowledge it to myself and monitor any inappropriate behavior; consult with colleague if self-obervation was not adequate.
Ignore
All of the above could work depending on the situation
epends on how strong the feelings of sexual attraction are. Most of the time, they feelings of sexual attraction] are not problematic and stay in the background. If they felt stronger, I would get support to sort out how to proceed.
Would try the first and then the second and then do the third
All of the above if i could not move past the feelings myself
Limit interactions, make sure I am still doing my job and treating each student the same
Consult, then address with supervisee, and refer if necessary
All of the above.
Nothing
ormalization of the sexual attraction feelings and permission to discuss it with appropriate colleagues stigmatized.
I would first consult, then possibly address it in supervision, and then possibly transfer.
N=11

Question 21: In your professional opinion, what resources make or would make a difference for you to manage your feelings towards supervisees?

Training on managing feelings of sexual attraction within the supervisory relationship with attention to PRIMARILY the supervisor's experience and how to manage it ethically and in the best interest of the supervisee.
previous training and ethics plus my own personal/professional values
in order: consultation, self of therapist work,
training and open discussion of the reality that all supervisors will come across sexual attraction at one point or another and the tools/techniques to manage this as well as self-reflection as to what this may or may not indicate.
SOT Training & Supervision
All of the above.
All
All of these (this survey does not allow for multiple responses)
all of the above
Both Training of the self of the therapist and supervision.
Sexual attraction has not been a major issue. Sexual attraction has always been an easily manageable issue. However, if I felt that it interfered [with supervision], I would consult my own therapist.
N=11

Question 22: How comfortable do you feel about talking with a supervisor or colleague about being sexually attracted to a supervisee?

Variable, based on the supervisee and the level of trust.
I would address this if an issue with someone I trust as we are to consult ASAP if this is an issue. To ignore it places our professional relationship at risk.
likely talk with a therapist or mentor where I am more assured of confidentialilty
It would be an uncomfortable conversation, probably, yet one that is necessary. I would worry about confidentiality
I would feel comfortable talking to a colleague or supervisor whom I trust. BUT, it would not be where I work. It might be seen as unprofessional.
N= 5

Question 23: Does the gender of the supervisee affect the way that you feel or would you feel about managing your sexual attraction towards the supervisee when the attraction is interfering with supervision?

Can't really answer since I have never had same sex attracction
I have not experienced this as interfering with supervision.
I feel comfortable with both genders, however there are still issues of gender expectation and heirachy that need to be addressed in supervision. Having a supervision relationship where that relationship is 'discussable' is quite importatn.
I have not had it interfere
Even though I am heterosexual, regardless of gender, if you have a sexual attraction to your supervisee, you need to consult a supervisor and refer the supervise to another supervisor. It is unethical regardless of your sexual orientation.
I have little to no experience managing sexual attraction. I'm more comfortable supervising females because they are heavily represented at my school, and I have more experience with their training.
N=6

Question 24: *Does the sexual orientation of the supervisee affect the way that you feel or would you feel about managing your sexual attraction towards the supervisee when the attraction is interfering with supervision?*

I have only supervised supervisees who are the same sexual orientation as me, so I have no basis for comparison.
No idea
I don't understand the question. This would only be an issue with someone of the same sexual orientation.
Can't really answer since I have never had same sex attracction
Probably more factors than sexual qrientation that impact sexual attraction and supervisees
Don’t know
Don't know, haven't had the experience
The only discomfort I feel is related to the issue of transsexual.
Regardless of sexual orientation, sexual attraction to one's supervisee is problematic and needs to be addressed immediately.
I would be more affected by behavior regardless of orientation
I wouldn't be attractive to a same sex supervisee
N=11

Question 25: How concerned are you or would you be that your sexual attraction towards a supervisee may be misunderstood as sexual harassment?

There is less of a chance of any misunderstanding if supervisors are clear and open in their discussions about the topic
Ethical behavior is a decision. People know when you have made that decision.
This question has too many parts to respond clearly
NOt concerned because I would NEVER act on it. IN part because I am in an exclusive marriage.
I have not experienced this as interfering with supervision.
I don't see how attraction would be harassment. Attraction is not action.
As long as I remain self-aware and proactive in seeking consultation I am not concerned
Not concerned, as long as I handle it appropriately.
attraction is not action
If I felt attraction, I would not express it,so no threat of harassment
if concerned would not transfer to other professional
Wouldn't act out. Not concerned
N=12

Vita
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Education

2015 Ph.D- Drexel University, Philadelphia - Couple and Family Therapy
2009 M.S. -University of Baltimore, Baltimore, MD – Applied Psychology counseling track
2005 B.A- University of Baltimore - Baltimore, MD - Psychology

Scholarships and Awards

2009- **Valedictorian Speaker- University of Baltimore class of 2009**
2009-Award Graduate Student Excellence- Yale College of Liberal Arts-University of Baltimore
2008-Award for Excellence in Counseling- Lassen Scholarship and Award-University of Baltimore

Selected Publications

Mendez, N., Querish, M., **Carneiro, R**., Hort, F. (2014). The Intersection of Structural and Family Therapy. *American Journal of Family Therapy,42,* 167-174.

Carneiro, R., Zeytinoglu, S., Hort, F., & Wilkins E. (2013). Culture, Beauty and the Therapeutic Alliance, *Journal of Feminist Family Therapy*, 58-81.

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Summary

Over ten years of experience in therapy, working with multiple systems, court ordered clients, families and couples. Experienced in treating various issues especially around loss, trauma, and family conflict.